The PUBLIC HEALTH NURSE

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CONVENTION NUMBER

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Some of the New Members of the N.O.P.H.N. Board

Miss Grace L. Anderson

Miss Jane Van de Vrede

Mrs. Charles D. Lockwood

Miss Mary Arnold

Mrs. Helen C. LaMalle

Miss Sophie C. Nelson

We regret that we were unable to obtain photographs of all the new members of the board.

The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing

Volume XVI SEPTEMBER, 1924 Number 9

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THE MOBILIZATION OF PUBLIC HEALTH NURSING FORCES IN THE STATES

By Elizabeth G. Fox

President of the National Organization for Public Health Nursing

Address given at the Opening Session of the Biennial National Nursing Convention

WHEN our forefathers in their wisdom drafted the Constitution, which has been said to be the greatest instrument of its kind ever written, they provided for two governments, the federal government, with its powers restricted to matters of national significance, and the several state governments, each sovereign over the internal affairs of the state. They thereby recognized the importance both of centralization and of decentralization, of unity and of individuality.

In a country like the United States, with its large population, its great distances, and its differences in climate, topography, resources, social and economic development, racial admixture, and other important characteristics, the need for a smaller and more personal and manageable unit than the nation has been found imperative not only in government, but in all forms of country-wide organization. This unit is sometimes a district or section, in church organization a diocese, but more generally, especially in non-administrative national organizations, it is a state. It seems timely to consider the need for the organization of public health nursing forces in the states from the point of view of the National Organization for Public Health Nursing.

There are several good reasons why a national organization without territorial subdivisions cannot satisfactorily meet the more intimate and specific needs of all parts of the country. The first essential in meeting a need is to understand it, and to understand there must be personal knowledge of the local circumstances, attitudes, possibilities, limitations, and inherent characteristics. For a central office to have this knowledge on a universal scale would require a very large personnel and costly machinery. Moreover, there would almost certainly be a loss of personal touch, while judgment and advice coming from someone several times removed from the scene of action would tend to become stereotyped and dogmatic.

Even more important than this reason for decentralization is the fundamental one that progress must come from within if it is to be real and permanent. It cannot be imposed from without. In order to mold the growth of public health nursing in any state there must be the continuous and informed consideration and steady and prompt guidance of those most concerned. This can only come from those who themselves are part of the state. The best endeavors of those from without cannot entirely escape the appearance of interference and are

likely to be attributed in part at least to ulterior motives. They are almost invariably greeted with the comment, "But you don't understand; we are different." Of course, this spirit of individuality and difference can be and sometimes is carried too far, and then becomes an absurd exaggeration of a sound instinct of self-reliance. But strength lies in independence and intelligent self-help.

And finally, there is the important element of promptness and direct action. Centralization inevitably means delay and red tape. A national office is too far removed, too unwieldy, too slow to provide, at the moment it is most needed, the guidance and help required in every state by the rapid development of public health nursing.

To put what I am attempting to say in a nutshell: in practically every state there is work to be done for the cause of public health nursing which requires the united and organized effort of the local public health nurses and those of the public who are interested in public health nursing. The National Organization has its uses and its irreplaceable value, as I shall point out in a moment, but it cannot and should not do for the states what the states should do for themselves. The time has come for the development of strong organizations in each of the states. Some of our state organizations are already pointing the way and finding much of importance to do.

Let us consider just a few of the more outstanding tasks waiting to be taken up.

A task of prime importance is that of the advancement of nursing education. It is generally recognized that the remarkable development of public health nursing calls for nurses with a somewhat different, more scientific and broader education than that with which we have been equipped in the past. More science, especially more physiology, hygiene, and bacteriology, and more preventive medicine, with emphasis on social as well as pathological aspects, must be included in the fundamental education not only of public health nurses but of all nurses. Our nursing educators and boards of nurse examiners are well aware of this need and are making definite efforts to meet it, and they should have the vigorous support and assistance of every public health nurse. Courses in public health nursing, graduate and undergraduate, must be strengthened. Institutes dealing with special subjects must be more numerous in order that nurses may be kept up to date on current developments. Every proper means of equipping us to do our work better must be sought out and developed.

The individual effort of each public health nurse in her own town is valuable and indispensable, but how much more so the concerted effort of an energetic state organization working in unison with the League of Nursing Education, the board of nurse examiners and the State Nurses Association. To put it even more strongly, it is scarcely fair for public health nurses to be calling attention constantly to the inadequacy of the present education of the nurse unless they do their share toward overcoming the obstacles in the way of something better. It would require little ingenuity to list a number of ways in which the public health nurses of a state might help with this all important task.

Another matter of great importance to the cause of public health nursing, and which can be influenced only by local organized effort, is that of state administration of public health nursing. Do the public health nurses of the state care in what manner public health nursing is fitted into the machinery of the state department of health? Then let them join forces to see that it takes a form which will permit public health nursing to attain its greatest usefulness throughout the state. What a source of support to the state director of public health nursing would be an active and understanding organization of the public health nursing forces of the state, and what a corrective influence such an organization might have on the sometimes unfortunate workings of politics! In other words, a state or-

ganization working with vigor, but also with broad understanding and in a spirit of accommodation, might do much to keep politics out of the public health nursing of the state department of health and to assist the state director with her heavy and difficult responsibilities.

There are legislative matters in which public health nurses should take an active interest, and on which they might have considerable influence if working as a unit. They might do much to promote proposed legislation looking toward increasing the number of county health officers, making permissible the spending of public funds for the employment of public health nurses, providing for medical examination of school children, promoting health education, increasing hospital facilities, strengthening child welfare, improving sanitation, establishing institutions for the feebleminded, and the like. The purpose of all such measures for the promotion of public health and welfare is directly in line with the purpose of public health nursing.

Still another line of endeavor would be the promotion of closer relations with and better understanding between public health nurses and other closely allied groups, such as the State Education Association, the State Conference of Social Workers, the State Medical and Dental Association, the Federation of Women's Clubs, the State Home Economics Association, and the Farm Bureau. Larger attendance at each other's meetings and the discussion of topics of mutual interest or of controversial nature could not fail to do much to create good will and understanding, and from these spring better work.

A well-arranged and well-conducted annual meeting is an excellent means in itself of keeping the public health nursing forces of the state alert and abreast of the times, of maintaining ideals, and of providing strong leadership.

Four important fields of action have been briefly touched upon. One might mention several others, but these are sufficient to show the need for group thinking and group action on a statewide basis.

Were the public health nursing forces organized in all the states, there would still remain to the National Organization the collection and circulation of ideas and information among the states; the development of common standards and unity of purpose, design, and ideal; the gathering of the separate energies of the states into a united force for national use on necessary occasions; the maintenance of friendly understandings and constructive working relations with other national and international organizations; the study and interpretation of the trend of affairs affecting public health nursing, and the keeping before us all of a steady vision.

My experience with the National Organization for Public Health Nursing, covering, as it does, a number of years in the capacity of member, of committee member, of board member, of executive committee member, of vice-president, and of president, has taught me to value its usefulness profoundly, but at the same time this varied experience has brought to me the belief that further development and improvement in public health nursing require organized state effort even more than national direction.

This is not intended as propaganda for state branches. Its purpose is to mobilize the public health nursing forces of the country for the guidance and promotion of better public health nursing service in the states, and whether this mobilization takes the form of separate organizations or of sections of state nurses' associations is beside the point. Several factors, however, must be borne in mind. No mobilization will be complete, nor can it serve its fullest purpose, if it does not include the lay forces as well as the professional forces. It will not be wise nor truly fertile if it follows an isolation policy and ignores the common responsibilities of the nursing profession as a whole. It will not be strong if it is undertaken before there

is thorough understanding and agreement throughout the nursing body of the state. It will lead only to discord and sterility if tinctured with selfishness and narrowmindedness. It can only result in greater strength and unity and progress for both nursing and public health nursing if it has a noble purpose and its leadership is generous and wise.

I set before you, therefore, as the biggest task of the next two years, the organizing of the public health nursing forces within your states for the single purpose of rendering better service. May your energies be guided by the spirit of inquiry, openmindedness, reasonableness, high purpose. May you be free from professional arrogance and intolerance. May your work with others within and without the nursing world be seasoned with the spirit of humility and of genuine appreciation and accommodation. To use the words of a familiar prayer, may there be "unity, peace, and concord" between you and your sister nurses in other fields of nursing endeavor, and may your labors be blessed with abundant fruit.

This entertaining cartoon by Hendrik William Van Loon, which appeared in THE SURVEY *of July 15, 1924, will be appreciated by our members who attended the Convention and sometimes received a somewhat similar impression.*

CONVENTION REPORTS

REPORT OF THE PRESIDENT, ELIZABETH G. FOX

Business Session of the National Organization for Public Health Nursing, Monday, June 16, 1924

IT is very much of a pleasure for your president to report to you, our members, on the state of our organization as we find it now, two years after our meeting in Seattle. Our secretaries have already told you much of what has been done. I do, however, want to tell you that, from an administrative point of view, from almost every point of view, our organization is in a sound, healthy, business-like condition to-day. We have never been so systematically, so economically, so efficiently managed as we are now. This is largely due to Miss Stevens' genius for administration. Her two and a half years' work has brought about the shipshape condition we are in to-day, plus two or three other factors; plus, first of all, the fact that our staff, each of whom is tremendously interested, of course, in her own piece of work, have shown that splendid spirit of team work which has resulted in their working together for the good of the organization, more or less at a sacrifice of their own particular work at times. Those of you who are wrapt up in your own work, but must also curb your work for the sake of the larger whole, appreciate just what this means; and it has been this unselfish spirit on the part of our staff that has made our organization work as a unit. A great deal of time and thought has also been given to our administrative policies and problems by the Executive Committee, with Miss Stevens' help, which is partly the reason why we are in such good shape. Then, we have had the advantage of having certain services performed for us by the National Health Council, especially our accounting service, the library service, the shipping service, and some other services which are carried on jointly by many of the member organizations through the Council. This has been of considerable help to us.

Finally, we must admit that much of our good condition is due to the fact that we have had more money these last two years than we had in the two years of the preceding administration; and, consequently, have had a larger staff. Of course, it is always easier to do work when you have more people to do it. For all of these reasons our organization to-day is functioning well.

There is still a good deal of time devoted to making the wheels go around. In handling as big an organization as ours with the many intricate relationships with other organizations, it is a little difficult to get away from the necessity of many meetings, many memoranda, many reports and minutes, much consideration of each other's problems, so that all will know just what is going on and be able to direct their own efforts accordingly. I hope in the next few years that we will be able to simplify this machinery and give the time and labor thus released directly to the field.

Relationship with Other Organizations

Our relationship with other organizations has grown considerably more intimate and profitable in the past two years, an important factor in our progress. I cannot begin to tell you how much it has meant to us to have the American Nurses Association and the National League of Nursing Education with their headquarters side by side with us. Of course, we were neighbors when the Chair reported to you two years ago. But we had been together then only a short time; we scarcely had had time to get acquainted. We have now worked together for three years and we know what it means to be so close that we can talk over problems and can know what the other is

doing and planning and thinking. More and more we are doing things together that we formerly did separately or alone. It has meant much to us in the N.O.P.H.N, this proximity of our two sister nursing organizations. Our staff have all tried to be useful and helpful to them, and I think they have appreciated our help and our spirit as fully as we have appreciated theirs.

It has also meant a great deal to us to be members of the National Health Council. Many of you already know, having visited the office, how we are located together there on two or three floors. The staff executives of the member organizations of the National Health Council meet frequently and consider problems that lie before all of us and are of mutual concern to us all. One of the biggest pieces of work which the Council has done this last year has been the consideration of the budget and program of each organization which is a member of the Council. That meant that we had to prepare with all of the intelligence we possessed a clear statement of what we were doing, how we were doing it, how we financed it, for the scrutiny, the close scrutiny, of these other associations. Each organization in turn had to undergo this examination. The N.O.P.H.N. took its turn and we placed our budget and program before that group of executives, most of whom were men more used to business than we. We came out of the examination with the verdict that all of our activities were legitimate, necessary, and well arranged, and that our work was being done with great economy and efficiency. I think that is something of which we may very well be proud. But the point is that in considering each other's work and methods we have learned from them, and they have learned from us. I think our colleagues in the health world have a much greater appreciation of the work that the public health nurse does, and of the whole public health nursing movement, since they have been with us, than they ever had before. I am sure that the reverse can also be said.

Our arrangement with the American Child Health Association, to which Miss Bears has just referred, is another thing that I want to speak about. Our theory is that the N.O.P.H.N. should serve the nursing needs of all national health organizations, none of which should have to develop a nursing department within its organization. We are trying out this theory with the A.C.H.A. It remains to be seen how practical it is. Any of you who have tried a joint undertaking of this kind know it is about as difficult as anything can possibly be. It will take us some time to get it running smoothly and to know whether our theory is practicable or not. But we all hope it will prove what we thought it would.

There is another Council in New York, a council of national executives of such organizations as the Y.M.C.A., the Y.W.C.A., the Red Cross, the Boy Scouts, and several others. The executives meet once a month, or less often, to consider big national problems of administration, finance, and of relationships, national and local. There again we are learning very much from workers in fields sometimes allied to ours and sometimes considerably apart. Certainly our understanding of each other and of the place of each in the whole national field is growing.

Service During Past Two Years

One thing we have tried hard to do in these past two years is to give more direct service to you, our members in the field, because, after all, that is what the organization is for. We have been able to accomplish this somewhat, partly because we have had a bigger staff, which, of course, means more service to you, and partly because we have been able to get out into the field these last two years through Miss Brink, Miss Hodgman, occasionally Miss Kraker, and sometimes some of the rest of us; and also because of the transfer of the magazine to headquarters. This last has meant that more of the affairs of the organization

could be interpreted through the magazine to you and more of the significance of the alliances that we have with other movements, and that the magazine could become more of a clearing house of information and ideas.

I cannot say too strongly how much we value and revere the work that was done by our publications committee in Cleveland, and how hard it was for us to allow them to retire and to send the magazine to New York. We wanted them to come to New York. They felt that was impossible, but Miss Brainard and Mrs. Lowman, we are glad to say, continue to serve on the new magazine committee. We can scarcely express in words our appreciation of what our publication committee in Cleveland meant to us all of those years during which they published the magazine for us. They have our boundless gratitude.

We have made an effort, a definite effort, these last two years, to bring about a greater participation on the part of our members in the work of our organization, and to make it more democratic. The office in New York, which is way off on the edge of the United States, is far away from many of you. Because of the great cost, we cannot bring together our Board of Directors or our various section officers, or our committee members, as often as we would like, which means that the organization must be run more or less by people in a certain area in the East. Nobody deplores that condition more than the members of the Executive Committee. But until we are much richer than we are to-day I do not know of any way to get around this. We have attempted to do it in two or three ways. We have made sure that the agenda for the Executive Committee meetings went out well in advance of the meetings so that any business that was to come up at an Executive Committee meeting would be known to the Board as a whole and could be commented upon by the Board members before the meeting. We have sent to the Board voluminous minutes of the meetings. We have sent not only the record of the decisions, but all of the data and statements and reports on which the decisions were based, so that our Board members have known exactly and in detail what the Executive Committee has considered and what it has decided. We hope the members of the Board have been able to pass this information on to the members in their neighborhood.

In forming special committees we have done it in this way. We want our committees to have representation from every part of the United States and from the different types and fields of nursing. It is impossible, however, to have a committee with such wide geographic membership meet because of financial limitations and the time it takes. We have therefore appointed a small committee of four or five people living for the most part somewhere near New York who could be brought together for a meeting without great expense or loss of time from their work. We have built around this small committee a group of regional advisers selected from all over the country, to whom the committee turns for advice, to whom the committee reports, and to whom the field staff, when they are in the field, go for direct consultation. In this way we have attempted to get the opinions, the knowledge, and the counsel of our members from all over the country. It is not satisfactory, not the best way, but it is the only way we can do, as long as our country is so large and our income is so small.

We have also tried to interpret to you as faithfully as we could what we have been doing in the Department of Organization Activities in the magazine. Month by month we have given you an account of what each separate service does. I do not know how faithfully you read those statements. They are prepared with the greatest of care. They are an earnest attempt on our part to keep you up to date on what we are doing. I hope you do read them carefully, because you, the members, must know your organization if you

are going to have a democratic share in its operation. That is what we want.

Your president has attempted, from time to time, to tell you something of the condition of the organization in the pages of the magazine.

As for branch development, and I prefer to say "state organization" rather than "branch," this has been covered by Miss Brink. We have attempted no national campaign for the formation of branches, because we do not believe that to be sound. We feel that the desire to form a state organization must come from within. We have attempted to make sure that every state that has considered forming a state organization as a branch of the national has thoroughly understood just exactly what is involved, and has given the matter thorough and careful consideration throughout the state before any action has been taken, because only in that way can the organization be sound and prosperous. I am not going to say anything more on this point, as I am dealing with it more fully in my address this evening.

Finance

I have left until the end our greatest worry, which is, of course, our financial condition. We have not had the financial reports read, but you have seen them in the magazine. Miss Behr has demonstrated to you in more vivid fashion than I could in words just where our money comes from. It is a very difficult matter to secure each year the budget for our organization. In January we adopted a budget for this year which ran over $100,000, the big increase being due to the fact that the American Child Health Association is financing a large block of new work. Not counting this addition, which is underwritten, our budget is no larger than the budget for last year. We counted on securing a part of it from sources which have failed us. After I came back from Europe, and just before I came to the convention, I had the very bad news that one of the foundations to which we had turned for a large sum of money decided against giving it to us. The foundations tell us that they believe an organization of this kind, whose purpose is to be of service to local organizations, should be so appreciated by those local agencies that they will support it or help to get support for it. We do not believe that we can get any considerable number of popular memberships at $5.00 or $10.00, and they agree with us. We have tried this plan and have failed, and I do not believe it ever will succeed. The foundations do think, however, that we should have a greater number of large contributors. We have something like twenty who give us all the way from $100 and $1,000 up to our largest sum, which is, as you all know, Mrs. Bolton's annual contribution. Because of the failure of this particular request for funds from a foundation and of the reduction of certain other sums we were counting on, it looks to the outgoing Board as if we would be about $15,000 short of the income we had anticipated for this year. This means that the incoming Board faces an unpleasant task. I have done it once and I know how painful it is, the job of sitting down with a blue pencil and crossing off some of our activities, unless we can find a way to pay for them. We are not going to put the burden on you, because to a certain extent it is our load, but we must turn to you for help with a part of the task you alone can carry. We will attempt to seek contributors from all parts of the country, contributors who will give us large sums of money, $500 or $1,000, this year and for many years, because they believe in us. But we are not going to be able to find those contributors, nor to convince them that the organization deserves support, unless you members do your share to teach your community the value of your National organization, and unless you believe in it yourselves. I know you all believe in it. I am sure of that. I know, too, that it is hard to get your community to see it as you do. This is the biggest thing that you can do to help us, and we are going to ask you to do it. Your in-

coming Board will take upon its shoulders the responsibility of attempting to find the rest of our income with this help from you, or if they cannot find it, to cut down expenses to keep within our income. I am sorry to have to bring a message like this to the convention. I would much rather tell you that our entire budget is assured for this year. But to get enough money to run this big organization is a very hard task for your Board and your President. We have not been entirely successful, but the fact that we have been able to raise well on towards $70,000 towards our budget is at least something of a comfort.

Finally, I want to express to you the appreciation of your president for the perfectly splendid spirit that seems to prevail throughout our organization, for your confidence in it, for your respect for what it is doing, for your trust in its officers and in its staff, and also for the total lack of politics. There are not many national organizations which are wholly free from some politics. But, so far as your president knows, there are no politics in the N.O.P.H.N. from coast to coast, from northern border to southern border, from bottom to top. This is magnificent and is due to the utterly selfless devotion of our members. The good of the cause, not the aggrandizement of any member, nor the promotion of sectional or factional interests, seems to be the ideal and the spirit pervading our membership. Anyone might well be proud and happy to be the president of so fine a body.

Miss Ella P. Crandall's paper on the question of "Meeting the Demands for Community Health Work," and other papers given at the Convention, will appear in later numbers.

The July PUBLIC HEALTH NURSE contained Officers Elected, Reports of Registration, Resolutions adopted at the final business session, and a Report of the final meeting of the Committee to Study Visiting Nursing, with a Summary of Conclusions and Recommendations; also, "Impressions of the Convention," by Alma C. Haupt. The August number contained the Reports of the Secretaries of the National Organization for Public Health Nursing given at the Biennial Convention.

The 1926 Convention, at the invitation of the National Health Council, will be held at Atlantic City in conjunction with the meetings of several member agencies of the Council.

REPORT FOR THE TREASURER, ALEXANDER M. WHITE

Since the fiscal year of the organization coincides with the calendar year the auditors' reports correspond to the fiscal year. The auditors' reports for 1922-1923 have been published in the magazine. This report covers only the five months period from January to June, 1924.

ASSETS

Cash—		
General Fund	$11,556.68	
Visiting Nurse Study Fund	1,914.55	
Convention Publicity Fund	584.95	
Special Committee Fund	85.08	
		$14,141.26
Accounts Receivable—		
General Fund		670.43
Inventory—		
Reprints, Pins, Publicity Material, back copies of magazine	$3,735.44	
Films, Negatives and Prints	1,012.71	
Furniture and Equipment	3,146.63	
		7,894.78
TOTAL ASSETS		$22,706.47

LIABILITIES

Fund of Committee to Study Visiting Nursing	$1,914.55	
Fund for Special Committees	700.00	
Prepaid Subscriptions to Magazine	1,596.22	
Accounts Payable—Pending Items	1,359.62	
TOTAL LIABILITIES		5,570.39
NET ASSET VALUE		$17,136.08

INCOME

Individual Members—		
2664 Nurse and Associate Nurse	$7,992.00	
Nurse and Associate Nurse—Part Payment	25.50	
493 Sustaining	2,465.00	
Sustaining—Part Payment	3.00	
		$10,485.50
Corporate Members—		
126 Corporate and Associate Corporate	$1,435.00	
Corporate and Associate Corporate—Part Payment	21.50	
17 Sustaining Corporate	110.00	
		1,566.50
Contributions—		
103 General Contributors	$17,865.00	
26 Nurse Contributors	205.30	
		18,070.30
Appropriations—		
1 From Foundations		5,000.00
Magazine Income—		
Direct Subscriptions	$1,119.75	
Sale of Single Copies	50.04	
Advertisements	3,194.45	
		4,364.24
Miscellaneous Income—		
Royalties on Forms	$83.15	
Rental of Films	36.00	
Sale of Films	230.00	
Sale of Pins	183.86	
Sale of Reprints	144.24	
Sale of Publicity Material	210.82	
Sale of Vocational Forms	9.84	
Bank Interest	60.76	
Discounts Taken	1.43	
Refunds—Foreign Postage	38.42	
Sale of Services	536.52	
Pending Items	14.25	
		1,549.29
TOTAL INCOME APPLICABLE TO REGULAR ACTIVITIES		$41,035.83
Funds for Special Activities—		
Committee to Study Visiting Nursing	$1,116.26	
American Child Health Association—Nursing Service	4,234.93	
Convention Publicity Fund	600.00	
		5,951.19
TOTAL INCOME TO MAY 31ST, 1924		$46,987.02

EXPENSE

Administration	$4,532.40	Vocational	$3,490.27
Affiliated Memberships and Health Council Dues	30.00	Library	1,767.14
Accounting Service	1,420.92	Cost of Reprint Service	313.47
Committee and Section Activities	493.06	Cost of Film Service	252.33
Advisory Service	2,119.47	Cost of Pins Sold	380.42
Eligibility	2,262.43	Special Committee Expense	56.81
Field	2,355.97	Magazine Publication	10,947.51
Educational	2,450.59	Committee to Study Visiting Nursing	1,116.26
Educational Propaganda	109.12	American Child Health Association—Nursing Service	4,234.93
Publicity Material for Resale	518.34	Convention of 1924	515.05
Publicity Advice	1,182.18		
Membership	2,417.68	TOTAL EXPENSE	$46,040.38
Statistical	3,064.03		

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING RETRENCHES

A Report of the Action Taken at the Last Meeting of the Executive Committee

TO live within his income is the duty of an honest man; to live within its income should also be the duty of an honest organization. The National Organization for Public Health Nursing must live beyond its means if it continues its present program. The importance of the work to be done and the constant and varied demands made on the organization have always created an ambition on the part of the Board of Directors and the staff to meet every need and a valiant effort has been made to do so in the belief that the funds must be forthcoming since the needs have been so vital. However, the funds actually obtained have not been sufficient for so large an undertaking and the National Organization for Public Health Nursing like many another national and local agency must now admit that it cannot do all the work it would like to. Some needs must go unmet.

The income for this year, carefully estimated at the time of the adoption of the budget, has been less than the amount required. The new Board of Directors therefore voted to retrench sufficiently to avoid a deficit. The Executive Committee held a meeting the 14th of July to determine where this retrenchment should take place. Consideration was given to deciding in what direction the National Organization for Public Health Nursing should proceed in the future. Our present services were then considered in an effort to separate those which are essential to the fulfillment of our purpose from those which, though of distinct value, could be less emphasized, and their essential elements absorbed into our general services for the time being.

Policy and Function

Concentration on a few important undertakings rather than diffusion over many in the attempt to meet all demands was agreed to be sound policy and therefore adopted. Decentralization of work not distinctly national in character whenever local and state agencies are able to assume it was also believed to be a move in the right direction, though it was realized that there could not be much unloading until more of the states have strong state organizations with headquarters.

The Committee agreed that the following types of work are best done by the National Organization and are necessary to the minimum accomplishment of its purpose:

1. The collection, interpretation and dissemination of information about public health nursing.
2. The making of surveys and studies of public health nursing.
3. The institution and maintenance of national and international relations.
4. The guidance and development of existing state organizations.
5. The formulation of standards.
6. The study and development of more adequate preparation for public health nursing and coöperation in advancing nursing education.
7. The uniting of the public health nursing forces of the country for national action.

Curtailment Measures

In accordance with these general principles and the need for economy the Committee proceeded to revise the program of work. In order to reduce expenses by $10,000, it was necessary to discontinue or to combine certain activities. In the discussion of possible combinations, the conclusion was reached that departmental form of organization is expensive and difficult to unify, and it was voted to abolish the several departments as such and hereafter to assign the various undertakings to the staff members best qualified to assume them.

Eligibility: The work in connection with determining and promoting eligibility which Miss Pearl H. Braithwaite has been doing is primarily educational work. This together with the fact that Miss Braithwaite has thoroughly systematized this work led to the conclusion that it would be possible to combine the Eligibility Service

with the Educational Service. Since the questions raised by state organization are being summarized by the Branch Development Committee into a handbook, the correspondence which Miss Braithwaite has been having with state groups regarding state organization will be lessened and most of it will be combined with the field service, which will continue to give to those states requesting it help with the problems of organization. With Miss Braithwaite's going, the National Organization will lose her penetrating presentation of the finer points involved in any plan under consideration and her painstaking and persistent endeavors to help nurses not eligible to become so.

Membership and Publicity: It was agreed that the membership stimulation heretofore carried on had served its purpose but was not now adequate for the growth of the organization, and that the Publicity Advisory Service, although valuable to local organizations, was a special service which we could not longer provide. Consequently, it was voted to discontinue the *Publicity Advisory service* and to divert requests for information and advice about publicity to other agencies or individuals. The routine of *Membership* work will be continued by other members of the staff and membership stimulation will be carried on by each member of the staff as opportunity offers rather than by having one person solely responsible. This action means that we can no longer retain Miss Anna K. Behr, whose originality, energy and enthusiasm have been of both tangible and intangible value to the organization.

The Executive Committee expressed its appreciation of Miss Behr's and Miss Braithwaite's work and its regret at our deprivation of their services in resolutions which were ordered to be spread upon the minutes.

Surveys and Special Studies: The Committee felt that the making of surveys and studies on request is an important function of the National Organization and that it should aim to develop and improve this work. It was agreed, however, that this type of service is too expensive for the National Organization to render with its present limited income and will henceforth be undertaken only when the state or local agency for whom the study or survey is made is able to meet the entire cost.

In addition to these major revisions, which of course will mean some reduction in the general running expenses and the cost of clerical work, the Committee made several minor reductions in program and modifications in administration looking toward other economies. It also directed the Publications Committee and the Education Committee to study the ultimate possibility of making certain radical changes concerning the magazine and the educational service and instructed the Director to work on a plan for discontinuing or reducing the cost of the Library Service.

Much thought was given to the problem of increasing and stabilizing the income of the National Organization and a plan looking toward a possible solution was evolved. It was voted to take steps immediately to find the means to put this plan into operation. I hope to be able to announce that it has been underwritten and to describe it in an early issue of the magazine.

ELIZABETH G. FOX, President.

BUSINESS OF THE CONVENTION

GENERAL REPORT

By Theresa Kraker
Assistant Director of the N.O.P.H.N.

HOW can we begin to tell of the business of the Convention without first stopping to express our appreciation of the hospitality shown us by the people of Detroit, of the efficiency of the local arrangements committee and all those who assisted in making the 1924 Convention a success? Those of us who were given an opportunity to visit the Nurses' Rest House at Grosse Point and to hold some of our meetings there wish to express our appreciation also.

This is the first time that the entire staff of the N.O.P.H.N. has been able to attend a convention, and because of this opportunity each member of the staff read her own report to the membership. These individual reports were published in the August number of the magazine. The work of the standing committees is included in the reports of the staff members.

The membership was able to see for itself at this Convention how our work has grown. Our membership secretary demonstrated to you our sources of income. We regretted to report that through the failure of our organization to raise all of our money for this year our incoming Board would be forced to consider which of our activities should be curtailed. This is no easy task, for every member of the staff is kept busy in meeting the demands from the field, and the staff has been enlarged only to meet this demand.

The reports of the chairmen on the work of the sections are published in this number. A meeting of the section chairmen was held prior to the regular business meeting of the sections, at which time the question as to whether the sections should continue to function as such or disband, and committees be appointed as needed to consider special problems in Child Welfare, School, Industrial and Tuberculosis Nursing, was considered. All the sections voted to continue as sections except the Child Welfare group, who, because they did not have a quorum present, will vote on this at the Child Welfare Section meeting in Kansas City in October.

The newly elected officers of the organization and the Nominating Committee for 1926 were listed in the July number of the magazine.

The question at each Convention as to where the next meeting will be held is always an interesting one. The 1926 Biennial Convention will meet in Atlantic City, when the member agencies of the National Health Council will hold a joint convention. The membership of the N.O.P.H.N. felt this an opportunity too great to be overlooked and recommended to the A.N.A. that they seriously consider this invitation.

Many very interesting round tables were held during the Convention, some of which will be reported in this number of the magazine: Communicable Disease Nursing, Vocational Department Problems, Rural Public Health Nursing, Publicity, the round table of the Education Committee, the Visiting Nursing Study report. One of the most interesting, and one which meant a great deal to our lay members, was the round table on the Responsibilities of Boards of Directors.

This Convention has plainly shown us that after all we are considering the question of the best nursing care for the individual and the community and how best to meet the health needs of individuals and communities no matter what our particular interest in nursing may be. The nine general sessions held in Detroit gave us a wonderful opportunity to get together and hear our problems presented from all angles.

Many groups took advantage of the opportunity of getting together which the Convention afforded. State organization meetings were held, luncheons, dinners, class reunions, and though the

days were full there seemed always to be time for just one more event.

The Committee to Study Visiting Nursing reported to the N.O.P.H.N. at this Convention. The recommendations of the committee were accepted. Dr. Frankel, representing the Metropolitan Life Insurance Company, which organization financed this study, announced that his organization was so well satisfied with the results of the study that he felt certain this study meant only the beginning of an opportunity for the N.O.P.H.N. to do further research. The Metropolitan Life Insurance Company has offered to print the report for the N.O.P.H.N. This offer was accepted, and we hope before long the report will be in circulation.

Executives of several of the visiting nurse organizations met in conference during the Convention, and have formally asked that a Section in Visiting Nursing be created by the N.O.P.H.N. A committee was instructed to draft a constitution and by-laws for the consideration of the N.O.P.H.N. at the next Convention.

The amendments to the by-laws of the N.O.P.H.N. as published in the May number of the magazine were acted upon at the business meeting.

We will not soon forget the splendid papers presented by Dr. Charles Emerson, on Communicable Diseases; by Dr. Haven Emerson, Miss Ella Phillips Crandall, and Mr. W. J. Norton, on Meeting the Demands for Community Health Work; by Dr. Christopher G. Parnall, on the Responsibility of the Community and the Hospital in the Establishment of Nursing Schools; and by Mrs. Chester C. Bolton, on the Responsibility of the University School of Nursing to the Individual Student, the Hospital, and the Community; and the splendid address which Dr. Vincent rendered on the "Public and the Nurse."

Many of the papers will be published in either THE PUBLIC HEALTH NURSE or the *American Journal of Nursing.*

We have heard from many of our members and guests how much the Convention has meant to them. Let us look forward to 1926 and hope for even better things.

The reports* of the chairmen of the sections follow:

REPORTS OF SECTIONS

TUBERCULOSIS SECTION

In spite of strong competition from a very lively School Nursing Section next door, a "standing room only" sign was needed before the program of the Tuberculosis Section was begun. This evidence of active and increasing interest in Tuberculosis Nursing was most gratifying.

Following the reading of the minutes of the 1922 meeting by Miss Emily N. Rankin of Detroit, Miss Virginia M. Chetwood of New Jersey read the report of the Nominating Committee in the absence of Mary Meyers, chairman. The following officers were elected:

Chairman—Harriet Fulmer, 917 E. 47th Street, Chicago, Ill.

Vice-Chairman—Grace E. Quirk, V.N.A., 305 Fitzpatrick Bldg., Portland, Ore.

Secretary—Agnes Randolph, State Board of Health, Richmond, Va.

Nurse Directors—Anna M. Drake, Department of Public Health Nursing, Des Moines, Iowa; Bernice W. Billings, Boston Tuberculosis Association, 3 Joy Street, Boston, Mass.; June Gray, Educational Secretary, Marion Co. Tuberculosis Association, Indianapolis, Ind.; Mary Edgecomb, 200 Grand Avenue, Englewood, N. J.

Lay Directors—Garnet Isabel Pelton, Executive Secretary, State Tuberculosis Association, Barth Bldg., Denver, Colo.; Mrs. John Blodgett, Grand Rapids, Mich.; Mrs. R. C. McCredie.

Miss Jane Allen gave a report of the Nursing Section of the 1923 meeting of the National Tuberculosis Association. This Nursing Section is consid-

* The reports of the N.O.P.H.N. Secretaries, given at the business meeting, were published in the August number.

ered to be a meeting of the Tuberculosis Section of the N.O.P.H.N., and the same subjects were considered at both meetings.

Miss Elena M. Crough of New Hampshire gave an impromptu report of the Nursing Section of the 1924 National Tuberculosis Association meeting at Atlanta.

A report of the work of the section for the past two years was read by the chairman. In indicating the type of work that has been done during this period, several special activities in various states were mentioned. Following the reading of the report, representatives of several states rose to mention interesting activities which had not been mentioned because of lack of time.

The first paper on the program was by Dr. H. A. Pattison, of the National Tuberculosis Association, on "Tuberculosis and Nursing Education." The section has been considering this problem for some time, and the members were glad to have the opinion of a physician and a representative of the N.T.A. Dr. Pattison expressed the general belief that student nurses, for the sake of their own protection and because tuberculosis is such a universal problem and certain to be met by them, need experience in its care; that a still greater effort should be made to secure practical and theoretical training for student nurses. Dr. Pattison's paper contained valuable suggestions but aroused interesting discussions because he suggested that affiliation should be arranged with sanatoria whether or not the teaching staff or the nurses in charge were qualified registered nurses or graduates of tuberculosis courses without a general training. The consensus of opinion among the nurses was that since so much has been done to raise the standard of teaching in schools for nursing, it would be a much better policy to raise the standard of nursing in sanatoria so that affiliation might be arranged.

Miss Harriet V. Daugherty, Superintendent of Nurses, University Hospital, Minnesota, outlined the arrangement for tuberculosis training for student nurses in that hospital. Important points mentioned were the fact that every student has a very rigid physical examination on entering training; another, an X-ray examination of the chest before being assigned to tuberculosis wards; that with the regular hours of rest, the fresh air, and the exceptionally good food provided, nurses gain physically while on the tuberculosis service.

Miss Chetwood of New Jersey and Miss Virginia Lewis of Ohio reported on work done in behalf of this important point. In Ohio a committee was appointed by the State League of Nursing Education to interest sanatoria in Ohio in affiliation. It was reported that the Cincinnati Tuberculosis Hospital has added field work to the course given student nurses from general hospitals.

Miss Alice Stewart of Pittsburgh read a paper on the subject of "Newer Methods in the Care and Treatment of Tuberculosis," mentioning the latest opinions on home care in regard to disinfection and fumigation and describing such treatments as Pneumotherapy, Heliotherapy, Tuberculin, and Chemotherapy.

Miss Edna Hamilton of Indianapolis spoke on "Nursing Technic in the Home." Miss Hamilton said that at various times during the Convention and elsewhere we have heard of the dangers of the overtrained nurse. Miss Hamilton said that she and her group felt considerably the lack of training, especially when confronted with a family where tuberculosis is found.

One of the younger public health nurses from Minnesota paid a tribute to the workers who have labored so long in the field of tuberculosis and especially to those who have brought about training for student nurses in tuberculosis. She recited several interesting pieces of case work which she feels sure she would not have been

able to handle so intelligently had she not had tuberculosis training during her three years regular nursing course.

Two of the new officers were introduced: Miss Harriet Fulmer of Chicago, the new chairman, who gave one of her characteristic talks in connection with the work of the next year and particularly in the upholding of standards, and Miss Agnes Randolph, secretary.

ANNA M. DRAKE,
Iowa State Department of Health, Chairman.

CHILD WELFARE SECTION

A meeting of the Child Welfare Section of the National Organization for Public Health Nursing was held at Detroit on June 19th. The chairman, Miss Gilbert, presided.

The program of the meeting was given over to a discussion of the "Outline of Standards and Methods," prepared by the New York Diet Kitchen Association. Miss Rood opened the discussion by giving a brief outline of the "Standards" as printed, and Miss Sara Place, of the Chicago Infant Welfare Society, led the discussion. In discussing the Weighing Room, a question was raised as to the advisability of having wire baskets on the back of chairs to hold the babies' clothes. Miss Place felt this was a somewhat expensive proceeding and that it was better not to tempt the mothers by leaving the baby clothes where they might be taken. She suggested that a pillow slip be brought in which to put the baby's clothes while he was undressed. Furnishing an outing flannel square to wrap the babies after they were undressed also seemed an unnecessary expense, as most of the mothers could use their own blankets and thereby eliminate laundry.

Under the Baby Conference Routine, the question of whether every baby should see the doctor on every visit was discussed. The majority of people felt that the baby should be seen by the doctor at *every* visit to make the mothers appreciate that it is not only when something is the matter that the doctor sees the baby. It was thought advisable to take the temperature of all new babies coming to the clinic. The personnel of the Conference staff, as given in the Outline, was considered good, but local conditions might make it advisable to have the babies and preschool child conference at the same hour. There was discussion as to whether the nurse might change the baby's formula in the home, after consultation with the doctor. This was generally considered as an unwise policy as it might make the mother fail to report to clinic. It was suggested that the nurse should divide her time, at least half and half, between home visits and conferences, and that the time spent in taking children to hospitals or clinics should be reduced to a minimum and eventually eliminated.

Emphasis was laid on the importance of studying housing conditions in addition to the other points brought out for study during home visits. The equipment and procedure for the home modification of milk was not questioned except in the matter of boiling the utensils. It was felt that scalding was not sufficient.

The consensus of opinion was that the "Outline of Standards and Methods" as prepared by the New York Diet Kitchen Association is an excellent beginning upon which to build routines for a child welfare program adapted by communities to their local needs.

After the discussion the film "Well-Born," prepared and loaned by the Children's Bureau, was shown and much appreciated.

Due to a lack of a quorum of en-

rolled members, no business meeting was held that day. Another meeting was called on Friday, the 20th, but again there was no quorum. It was suggested that a meeting be held with the American Child Health Association in Kansas City in October; that the present officers hold over until then; and that all interested persons present enroll as members by sending their names to the secretary of the section prior to that meeting.

ABBIE M. GILBERT,
New Haven, Conn., Chairman.

NOTE: A meeting of the Section has definitely been called. It will meet October 16 at Kansas City at the Annual Meeting of the American Child Health Association, at which time the question of continuing this Section will be discussed.

INDUSTRIAL SECTION

The second biennial meeting of the Industrial Section of the National Organization for Public Health Nursing was held on June 19, 1924, at Detroit, Michigan.

The meeting was called to order at 9:30 A.M. with Mrs. Brockway in the chair. After a few words of greeting from the chairman, the minutes of the meeting held in Washington, June, 1923, were read and approved. There were no minutes from the Seattle meeting.

The election of officers followed and the ballot as presented was elected unanimously:

Chairman:

Miss Mary Elderkin, Union Carbide & Carbon Corporation, 30 East 42nd Street, N. Y. C., to serve two years, 1926.

Vice-Chairman and Secretary:

Miss Mabel Phelps, Bush Terminal Company, 4012 Second Avenue, Brooklyn, N. Y., to serve two years, 1926.

Nurse Directors:

Miss F. Farquhar, Southwestern Bell Telephone Company, San Antonio, Texas, to serve one year, 1925.

Mrs. Marion Brockway, Metropolitan Life Insurance Company, 1 Madison Avenue, N. Y. C., to serve two years, 1926.

Miss Nellie C. Vatter, American Steel & Wire Company, Waukegan, Ill., to serve one year, 1925.

Lay Directors:

Mrs. Austin Levy, Harrisville, R. I., to serve two years, 1926.

Dr. Dersheimer, to serve one year, 1925.

The chairman then brought up the question of carrying on the Industrial Section. There had been a meeting on June 14th to discuss the advisability of substituting a committee for the various sections, and in some instances this seemed wise, but the chairman of our section suggested that it be continued for the next two years and that a special study of its needs be made by National Headquarters with the help of the officers of the section and the matter be further discussed at the meeting in 1926. This met with general approval.

A letter of greeting and good wishes from the New England Industrial Nurses' Association, Miss Florence Berry, President, was read. Mrs. Austin Levy then discussed the "Lay Group as a Factor in Improving Hygienic Conditions in Industry," bringing out the following interesting points:

The lay group can better hygienic conditions in industry by initiating and practicing sound plans for health service.

By bringing industrial and public health services close together to further all public health work.

By dignifying public opinion in regard to productive labor and those engaged in it in order to attract to industry high types of men and women.

By making choice of personnel a function of the head of the concern; believing that industry owes to the community the attempt to improve the quality of its citizens.

And that all these things can be better accomplished, both economically and spiritually in the small unit (about 500).

Miss Susane Robbins, Executive Secretary, Savannah, Georgia, Health Center, read a paper on "The Value of a Well-Organized Medical Rest Room in Industry." This was followed by one on "Our Responsibility Toward the Mental, Physical, and Moral Health of the Young Worker in Industry," by Mary Elderkin, of the Union Carbide & Carbon Corporation.

There was an animated discussion from the floor on various subjects. Miss Jessie W. Cunningham of Wilkes Barre, Pa., told of her work in the mines. Miss Carr urged nurses doing industrial work to send articles or items of interest to her for THE PUBLIC HEALTH NURSE, and Mrs. Susan P. Moore of *Nation's Health* told of the general laxity of industrial nurses in giving publicity to their work.

Mrs. Brockway spoke of the three books which she calls her Industrial Nurses' Library: *Industrial Nursing*, by Florence Wright; *Nursing of Mental Diseases*, by Harriet Bailey; and *Health Service in Industry*, by Clark.

Miss Gertrude Hodgman, Educational Secretary of the N.O.P.H.N., offered assistance to all who wished to consult her regarding special educational features in connection with their work.

The meeting on the whole was an informal, friendly gathering, and it seems unfortunate that it is not possible for us to get together more frequently.

Announcement of the sectional meeting for 1925 will be made early in the year.

MARY ELDERKIN,
New York City, Secretary.

SCHOOL NURSING SECTION

The School Nursing Section of the National Organization for Public Health Nursing held its second biennial meeting in Detroit Thursday, June 19, 1924. Miss Alice Dalbey, the chairman, presided, and Miss Cora Helgeson, the vice-chairman, acted as secretary. One felt that all the world—of nurses at least—loved a school child. Long before the time scheduled to commence the program, standing room in the comparatively large assembly hall was at a premium. A program of much excellence had been arranged by a committee of which Miss Anna L. Stanley was chairman.

The first speaker, Mr. E. E. Lewis, Superintendent of Public Schools, Flint, Michigan, gave an inspirational address on the "Responsibility of the School in the Promotion of Health." He emphasized the teaching of public health in universities by nurses. Boards of education must be educated to the health program for the school child. Mr. Lewis advocated the case method as the most effective procedure for the nurse and the superintendent of schools to use in giving boards of education an enthusiasm for healthy school children. Mr. Lewis expressed the opinion that the school nurse could be more successful in her salesmanship of health if she would be more emotional in her methods. She should assume that everyone is as interested in her subject as she is herself.

Miss Helgeson opened the discussion which was taken up so enthusiastically from the floor that the chairman found it necessary to limit the discussion on account of time.

Dr. Charles H. Keene, Director, Bureau of Health Education, Pennsylvania State Department of Public Instruction, gave an interesting paper on "The School Nurse—One Approach to Physical Efficiency." Miss Chayer opened the discussion of this paper. The time was all too short to take up satisfactorily its many excellent points.

The business meeting followed the program.

The chairman presented to the

group for consideration the advisability of discontinuing the various Sections of the N.O.P.H.N. and substituting a committee as a more efficient working unit. After some discussion Miss Mary Stephenson of St. Louis moved that the School Nursing Section be continued. This motion was seconded and in the discussion which followed a decided need for the section was shown. The chairman, however, pointed out that as yet little had been accomplished and that if the section continued to function as an organized part of the N.O.P.H.N., the members must be willing to work. She also suggested that if we are to obtain the best results we must relate our work more closely with that of our School Nursing Secretary at National Headquarters. The vote was unanimous for retaining the section.

A motion was made that the Chair appoint a committee to submit resolutions to the Board of Directors of the N.O.P.H.N. concerning this action.

Action was taken to provide the School Nursing Secretary of the N.O.P.H.N. with a small advisory committee and two regional representatives from each state, one to represent rural and the other city school nursing. These advisors are to be appointed by the Board of Directors of the Section.

The following officers were elected:

Chairman:
Miss Flora Burdorff (1926), Flint, Mich.

Vice-Chairman:
Miss Cora Helgeson (1926), Minneapolis, Minn.

Lay Directors:
Miss Julia Lathrop (1926), Rockford, Ill.
Mrs. Lillian Murney McNally (1928), Murray Hill School, Cleveland, O.

Nurse Directors:
Miss Anna Stanley (1926), Capitol Building, Harrisburg, Pa.
Mrs. Bertha Mascot (1926), Capitol Building, Albany, N. Y.
Miss Louise Hazelhurst (1928), Macon, Ga.
Miss Alice E. Dalbey (1928), Springfield, Ill.

ALICE E. DALBEY,
Springfield, Ill., Chairman.

THE INTERDEPENDENCE OF PHYSICIANS AND PUBLIC HEALTH NURSES IN COMMUNITY HEALTH WORK *

Chairman, ELSPETH H. VAUGHAN

Director Nursing Service, Central Division, American Red Cross

The keynote of this meeting was that we have reached the stage in our development of public health nursing where we must definitely define our interdependence with the medical profession.

Miss Sophie Nelson opened the discussion in a very dignified way, concluding with the statement that in questions of community health our success lies in our recognition of this interdependence. She quoted the slogan of the new Turkish republic, "Solve your problems by meeting together, discussing them and consulting each other in the ruling."

Dr. Walter Welz, a leading obstetrician of Detroit, gave a very encouraging talk on the dependence of the Detroit Department of Health on public health nurses for the active program carried on by the department in prenatal and obstetrical work.

Dr. Francis Duffield, a leading pediatrician in Detroit, struck a different note and gave a somewhat opposing point of view which gave opportunity for discussion, taken advantage of by Mrs. Vaughan and Miss Nelson at the close of the meeting. Dr. Duffield was disturbed about the attitude of aggressiveness of the public health nurse.

Dr. John N. Bell expressed the opinion that the needs of the rural field had been neglected in the development of public health nursing, and felt that undue attention had been devoted to urban communities.

Both Dr. Bell and Dr. William Donald urged that even greater efforts be made to include physicians in all our plans of work. Dr. Donald suggested that instead of *coöperation* we adopt the word *compromise.* Mrs. Chester C. Bolton spoke very opportunely on the importance of including the lay groups in any scheme of cooperation or compromise.

In conclusion, Miss Nelson, gathering up the arguments presented, said that we must admit that the private physician is the backbone of health work in any community. If we fail to get his coöperation we must be willing to admit that the fault in all probability lies partly with ourselves. We are all tremendously interested that the private physician should be able to earn his livelihood, but we are even more interested in the fact that we must have medical service available for everyone needing it in the community.

Miss Nelson somewhat took issue with Dr. Bell concerning the rural situation and called attention to the tremendous growth of this service since the war. In her experience the nurse wherever she goes does her best to get in touch with the private physicians and also the medical society if there is one. Miss Nelson concluded by asking if any one in the audience had ever heard of a medical association with a nurse on any committee representing nursing affairs. Might not this be a useful experiment?

* Special meeting conducted by N.O.P.H.N. as continuation of Joint Session.

COMMUNICABLE DISEASE *

Chairman, ALTA E. DINES, New York City

" How many mysteries in the history of contagions will one day be solved as simply as this! " exclaimed Pasteur, when he had found the secret of the transmission of chicken cholera and demonstrated its prevention. The scientists in their laboratories have fulfilled Pasteur's prophecies, the knowledge of the " infinitesimally small " (to use the terminology of Pasteur and his contemporaries) has progressed tremendously, and the conquest in many communicable diseases has been reduced to simple terms.

However, communicable diseases still present one of the outstanding problems in the field of public health. This fact alone brings merit to the inclusion of the Round Table on Communicable Disease Nursing in the crowded program of the Detroit Convention. But the amazing fact that in many places in our country the nursing of the communicable diseases is left to the uneducated, the unskilled, the inadequately supervised attendant, whose only guides are hasty, often incomprehensible doorstep instruction and her own sense of cleanliness, makes the subject of special importance to public health nurses. Dr. Hill tells us that the mother is the most frequent disseminator of the disease-producing micro-organism. This points to the widespread need in the field of communicable diseases for the services of the public health nurse, whose function it is not only to give care to the ill when possible and necessary, but also to interpret to the people the scientific findings of the laboratory, and to teach them the protection of health, the prevention of disease, and whatever care of the sick is indicated.

Why, then, we ask ourselves, is this important phase of public health nursing—namely, the responsibility for the nursing care of communicable diseases—so frequently omitted from the privately supported community program and so frequently given but scant attention in county and municipal programs? Discussions of the subject bring an avalanche of objections.

The following questions typical of such objections were sent to each person asked to participate in the Detroit Round Table:

1. Is it the function of a municipality to furnish bedside nursing for patients with communicable disease?
2. Is it the function of a private organization?
3. Shall the bedside nurse caring for patients with non-communicable diseases and for post-partum cases also care for patients with communicable diseases?
4. Shall the nurse caring for well babies, preschool children and expectant mothers also give bedside care to patients with communicable diseases?
5. Do the people object to the general nurse giving bedside care to cases of communicable disease?
6. Do the doctors object?
7. Do the nurses object?
8. Do you know of any instances of cross infection that have resulted from such procedure?
9. Should we expect a nurse who is not a specialist in communicable disease work to have such technique as would be required for combination work?
10. Can we trust a nurse to care for any patients unless we are sure enough of her technique to know that she would not unconsciously spread the unrecognized or undiagnosed communicable diseases met in her daily visits?

The first half hour of the Round Table was given over to a demonstration which showed a public health nurse carrying out and teaching a mother such communicable disease technique as would help the patient to recover most quickly and absolutely safeguard others against the infection. Miss Miriam A. Ames of Albany, New York, took the part of the visiting nurse, and Mrs. Ruth H. Phillips of Norfolk, Virginia, took the part of the mother. The audience was given the situation in the following program which we reproduce:

* Special meeting conducted by the N.O.P.H.N. as continuation of Joint Session.

HOME DEFENSE

Written and produced by two nurses who believe that all types of communicable disease can be cared for by the Visiting Nurse who is doing general bedside nursing. Careful nursing technique must be practiced by the nurse and adequate instructions must be given and observed by a responsible person in charge of the patient.

WHAT HAS GONE BEFORE

On the preceding day a call was received at the office of the Visiting Nurse Association in the city of Y——, reporting a sick child in the home of Mrs. Wilson, on Fourth Street. The clerk who received the call was unable to secure a diagnosis. The case was assigned to Miss Anderson who made it her first call that afternoon.

Miss Anderson arrived at Mrs. Wilson's home shortly after two o'clock. She learned that the doctor had just left the patient, after making a diagnosis of typhoid fever. Hospital care was urged by the doctor, but Mrs. Wilson refused to consider it on account of her horror of hospitals and the expense. The doctor insisted that she call the visiting nurse, and left the following written orders for the nurse:

"Sponge bath for temperature over 102.5 q. 4. h.
High caloric fluid diet q 2 h (bland nonirritating fluids excluding fruit juices for the present to avoid distention).
Force Water.
S. S. enema every morning S. O. S."

Miss Anderson gave the necessary nursing care, and definite instructions for the time being. She then made a list of necessary articles for Mrs. Wilson to provide and stated that she would demonstrate the use of them on the next visit.

CAST OF CHARACTERS

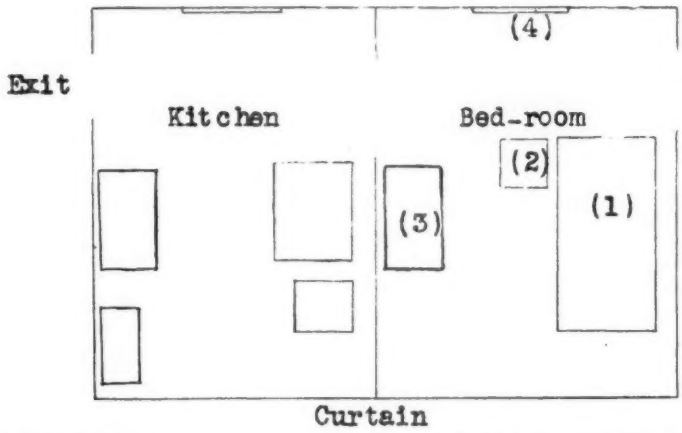
MISS ANDERSON .....The Nurse
MRS. WILSON .....Howard's Mother
HOWARD .....The Patient

ACT 1

SCENE I. The kitchen in the Wilson Home.
SCENE II. Howard Wilson's bedroom.

All properties procured by the Detroit Visiting Nurse Association.

The stage was arranged according to the diagram below:



(1) Bed with manikin.
(2) Bedside table.
(3) Table for equipment.
(4) Screen on wall to represent window.

The equipment included:

1. Room—window and door (screen on window).
2. Bed and bedclothes (extra sheet, pillowslip and bath towel).
3. Bedside table with lower shelf.
4. 2 large tables or 1 bureau and 1 table.
5. 3 basins (1 for patient, 1 for nurse's hands and 1 for disinfectant).
6. Covered enamel pail.
7. Enamel bed pan.
8. Large pitcher (for hot water).
9. One chair.
10. Soap dish and soap, scrub brush (for nurse).
11. Soap dish and soap for patient.
12. Towels and wash cloth for patient.
13. Old muslin squares.
14. Bottle marked alcohol.
15. Two full sized paper pads.

16. Wash boiler.
17. 25c unslacked lime and cup.
18. Gown or bungalow apron for attendant.
19. Extra newspapers.
20. Tray for patient's dishes and napkin to cover it.
21. Dishpan.
22. Special thermometer in glass jar or lysol solution.
23. Duster.
24. Mouth wash in corked bottle or covered jelly glass (glycerine, lemon juice and water).
25. Fly swat.
26. Sticks for breaking up fecal lumps (twigs or small pieces of kindling).
27. Labels large and small for jars.
28. Throat sticks and applicators.
29. Water pitcher and drinking cup.
30. Absorbent cotton in covered glass jar.
31. Bureau cover.
32. Cradle—(barrel hoops covered with bandage).
33. Bottle of lysol.
34. Large piece of oilcloth to be used as rubber sheet.
35. Manikin.
36. Newspaper squares.
37. Sputum cup.
38. Package of washing soda.

The lessons taught during the demonstration were:

A. Entrance to the home:
1. Greeting the family.
2. Bag technic—removing articles and closing bag.
3. Washing of hands.
4. Collecting articles to take into bedroom.

B. Disinfection of all materials used by the patient:
1. Disinfection of bath water—handling basin with newspaper squares.
2. Emptying into enamel container.
3. Disinfection of stools and urine—placing bedpan on newspaper—breaking up fecal matter with small sticks which should be wrapped in paper to be destroyed.
   (1 cup unslacked lime to ordinary stool. Add *hot* water, otherwise lime does not act. Keep in *covered* container for 2 hours.)
4. Disinfection of linen—placing in wash boiler. (Add half cup washing soda to boiler of water. Boil 5 minutes.)
5. Disinfection of dishes—scraping food on newspaper to be burned—placing dishes in dish pan. (Boil 5 minutes.) Tray with dishes is kept covered.
6. Disposal of mouth swabs and pieces of old linen—placing at once into cornucopia of newspaper to be burned. (Mouth wash made of equal parts of lemon juice, glycerine and water.)

C. Special lessons:
1. Care of the mouth after each nourishment.
2. Following physician's orders implicitly with regard to diet, medicine, treatment, etc.
3. No visitors.
4. Flies a menace.
5. Care of room—damp dusting, washing floors, etc.
6. Protection of feet by using bed cradle (barrel hoop cut in half, wound with bandage).
7. Use of newspaper pads—laundry savers.
8. Disposal of waste by burning.
9. Care of the hands after handling contaminated articles (soak in lysol solution 2 teaspoonfuls to 1 quart water).
10. Thorough washing of hands before leaving room.
11. Care of thermometer (keep in lysol solution, 4 drops to 1 glass water).
12. Covered jars and bottles for solutions, etc.
13. Vaccination of other members of the family.

The demonstration was carefully planned and well given. Its educational value was enhanced by the cleverness and charm of presentation. The "sick boy" in the form of a lady Chase doll, the screen placed on the imaginary window, the mother's exclamation at the *small* price of the nurses' visit, and many other delectable touches gave the audience opportunities for smiles. And the technically correct details showed diligent perusal of Rosenau (from "cover to cover," the actresses assured us). It was hoped that the demonstration might prove really helpful to many nurses in the field, especially those away from the large centers.

Following the demonstration was a discussion of the question of communicable disease as a public health nursing problem from the various points of view.

Mrs. Kathryn Schulken of Denver, Colorado, presented her convictions as superintendent of the Visiting Nurse Association there. As her organization furnished an heroic example of what can be done in the care of such a dread communicable disease as smallpox—together with other bedside nursing—during the appalling epidemic of 1922, she made a very dramatic appeal. She received hearty applause for herself and her staff when she read, "The nurses were required to give nursing care to some of the most virulent types and still carried the work in their respective districts," without an instance of cross infection! A thrilling chapter, indeed, in the history of public health nursing! And a very convincing argument! Mrs. Schulken's paper appears in full in this journal.

Our neighbors from Toronto, where Dr. Hastings so wisely wields the powerful scepter of health, always have much to give us. They generously responded to our request for a speaker and sent Miss Elsie Hickey, who spoke on Communicable Disease Nursing from the point of view of a municipal

health department. In Toronto the municipal nurse gives bedside care when indicated, and instruction wherever communicable diseases occur. Miss Hickey's brief, clear paper will be published in a later number.

Mrs. Beulah Sanford Osborne of Nashville, Tennessee, spoke on Communicable Disease Nursing from the point of view of the Metropolitan Life Insurance Company. She left no uncertainty in our minds as to the feeling of that great organization regarding the care of patients with communicable disease. She said:

> Indeed it seems to me, as it does to many nurses with whom I have talked recently, that the person ill with the communicable disease is particularly in need of actual, daily bedside care during the acute stage. First, the nurse knows much better how to take care of the patient and make her comfortable; second, the nurse can by actual demonstration show to the person who is to care for the patient during her absence exactly what should be done, thus insuring the comfort of the patient and assuring the limitation of the disease to the patient, rather than the spread, through the ignorance of those who are endeavoring to give care without thorough knowledge. . . .
>
> Most certainly I think that we should not employ any public health nurse whose technique is questionable; in many instances a nurse renders bedside care to communicable disease before it is diagnosed as such. This happens time and again. In fact, it is bound to occur, and it would, therefore, be of great danger to employ a nurse who would not take every precaution possible, even before she knew for a certainty that the case was one of communicable disease.

Few public health nursing discussions are complete without participation by the rural nurse. We recognize the breadth of her problem, the diversity of her duties, the unevenness of her facilities. Miss K. Frances Cleave, from the Mansfield Child Health Demonstration, presented this point of view on Communicable Disease Nursing, and very fittingly emphasized the opportunities and obligations of the rural nurse as an educator in the realm of prevention. She urged more intensive work than is usually included in "doorstep instruction." The value of *simple* instructions, the need for practical demonstration, and the adapting of home equipment were emphasized as of particular importance.

Miss Cleave cited several examples of effective group teaching in rural communities to teachers' institutes and mothers' classes. She spoke of the work among the teachers in the demonstration and introduced Miss Elma Rood, who is in charge of that part of the Mansfield demonstration. Miss Rood urged the teaching of teachers in normal school classes, in institutes, and group meetings. She suggested that nurses are responsible for sensitizing the teachers to the danger of the spread of communicable diseases and for following up reports of teachers. She urged that all teachers in a county be encouraged to report all symptoms of communicable disease, as taught them by the public health nurse, as soon as noticed.

"Time" compelled us to end discussion almost before it began, but there prevailed the consciousness of a valuable ninety minutes. Dr. Charles P. Emerson had said on the preceding day that "every case of communicable disease means that someone has made a mistake." We trust that the mistakes may grow fewer and that those of us at the Communicable Disease special meeting may be some of the ones to lessen the number of "someones" responsible for such mistakes.

WHAT ARE VOLUNTARY ORGANIZATIONS GOING TO DO ABOUT MEETING THEIR DEMANDS WITH THE FUNDS AVAILABLE?*

Chairman, MARY S. GARDNER, Providence, R. I.

THE discussion of this Round Table was led by Mr. William J. Norton, whose paper on "Meeting the Demands of Community Health Work" at the earlier Joint Session of the three organizations had already created unusual interest. Mr. Norton cheered the souls of his audience by his first assertion, that in his opinion the public health nursing movement was not slowing down or losing momentum. He doubted, however, whether the pace of the last ten years could continue to be constantly accelerated as in the past. He described the last thirty years as the golden age of social development—an age of discovery, aspiration, experiment, an age of belief without proof. He felt that we are now settling down to a less exhilarating, but more practical period of the proof of the pudding.

Mr. Norton then pointed out what we all know, but sometimes forget, that public health nursing is but one of numerous community enterprises, and as such must be fitted like a piece of a picture puzzle into a circumscribed square, this square being determined by the amount of support—financial, intellectual, and moral—that can be commanded from all community resources.

In a few words, he enumerated again the main sources of income on which we all rely. Broadly speaking, these are four in number.

First, endowments; a valuable source of revenue but one that can only be built up slowly.

Second, tax funds of which the same must be said. Moreover, it must be remembered that the taxpayer will refuse to be overburdened.

Third, voluntary gifts. These for all public health work have increased tremendously in the past ten years but there are very evident signs that any such rate of increase cannot be counted upon for the *next* ten.

Fourth, self-support. The good American method of having people pay for what they get, a method capable of almost unlimited development.

Mr. Norton's parting advice was that we should begin to think as rapidly as possible of converting all portions of our work capable of such conversion into self-supporting enterprises.

Mrs. LaMalle of the Metropolitan Life Insurance Company followed Mr. Norton and made an earnest plea for more careful inventory taking on the part of public health nurses, in order that emphasis might be placed where it belongs, on essentials.

Miss Sophie Nelson, following Mrs. LaMalle, reiterated the opinion that the whole question should be considered in the light of *all* community health work and not from the single angle of public health nursing. Miss Nelson then proceeded to ask a series of pertinent questions.

Shall we continue to expect an ideal program and to advocate it when we find it financially beyond our means?

Shall we continue to pursue the time honored method which has certainly worked well in the past: namely, to plan a program and then go out to get the money for it? Has the time perhaps come when we must approach the situation differently, and first count our pennies and decide what we can buy with them, feeling no sense of failure if they are insufficient in number to get for the community what it needs?

Are we, in the light of our financial resources, demanding too much in the way of equipment for our nurses, educationally and otherwise?

Our overhead expense has greatly increased in the last decade. Can it be advantageously reduced?

* Special meeting conducted by the N.O.P.H.N. as continuation of the Joint Session.

Miss Nelson concluded by saying that it had been her privilege during the past year to sit on the Executive Committee of the Community Fund of St. Louis and that the experience had made her realize as never before the imperative need of a sound basis for solicitation and a frequent and careful scrutiny of actual results.

General discussion from the floor brought out various points of view. Miss Tucker said that though she had been in the habit of looking upon herself as a rigid economist in the past, it was not until she was strictly budgeted that she began to learn the meaning of the word economy and that she considered the experience one of the most valuable of her professional life.

It was almost universally felt that debt was bad and should be avoided at any cost, though there were a few who would somewhat modify this statement.

The question of municipal subsidy of privately administered work arose. The advisability of this was apparently felt by only a minority.

The present financial situation seemed to be fairly common throughout the country, though a few nurses arose to say that they felt no increased difficulty in raising funds.

One of the managers of a successful visiting nurse association expressed her great appreciation of a discussion of this subject as she had long felt the importance of a full consideration of it by nurses themselves.

It seemed the general consensus of opinion that the educational visit should be charged for on the same basis as the nursing visit, though the difficulty of securing such payment was felt by all.

In summing up it may be said that there seemed to be more or less general agreement on the following points:

First, that in all probability we cannot expect in the next ten years the same rate of financial increase that we have experienced in the past ten.

Second, that methods accepted in private life should apply to organizations—namely, no debt, and no expenditure of principal except under the rarest conditions.

Third, that stricter business methods should be applied to publicity and advertisement.

Fourth, that educational work, as well as bedside nursing, should be charged for and that there should be a more systematic effort to make all the work self-supporting.

Fifth, that there should be a general readiness to turn over the work of private organizations to public administration.

Altogether, the general impression gained was that no sense of failure should be felt by the executive unable to obtain her budget, because a slowing down of the speed of the past ten years must be expected throughout the country and even though a certain curtailment of public health nursing is in store for some of us, in the long run this may not prove an unmixed evil, since with it will come a stricter analysis and appraisal of the various types of work in the light of the actual results obtained.

REPORTS OF THE SESSIONS OF THE AMERICAN NURSES ASSOCIATION AND THE LEAGUE FOR NURSING EDUCATION

The American Journal of Nursing in addition to printing in the August number Dr. Christopher G. Parnall's address given at the Convention, "*The Responsibility of the Community and the Hospital in the Establishment of Nursing Schools*," and Mrs. Bolton's address on "*The Responsibility of the University School of Nursing to the Individual Student, the Hospital and the Community*," has issued a Bulletin on the Proceedings of the Twenty-fourth Convention of the American Nurses Association, which gives reports of the various committees, round tables and meetings, address of the president and a number of papers read at the different sessions.

In the Bulletin is included a full report—except for the omission of Florence Patterson's Report of the Indian Service, not yet available for publication—of the very interesting session on the Government Nursing Service Section.

The Bulletin can be obtained from the American Nurses Association, 370 Seventh Avenue, New York. Price, 35 cents.

REPORT OF MEETINGS FOR MEMBERS OF BOARDS OF DIRECTORS

Chairman, GERTRUDE W. PEABODY, Boston, Mass.

Photograph by Bachrach.

At Biennial National Nursing Convention

Standing, left to right: Mrs. Chester C. Bolton, Cleveland, Ohio; Mrs. Eva Anderson Priedeman, Minneapolis, Minn.; Miss Lilla Breed, Louisville, Ky.

Seated, left to right: Mrs. William H. Lee, Minneapolis, Minn.; Mrs. C. O'B. Cowardin, Richmond, Va.; Miss Gertrude Peabody, Cambridge, Mass.; Mrs. W. W. Thornton, Indianapolis, Ind.

The meeting of members of Boards of Directors of Public Health Nursing Associations became a veritable "Round Table" when we gathered for luncheon as guests of the President of the Detroit Association in the beautiful Country Club. Representatives of sixteen Associations were present and with a large group from Detroit made a gathering of about forty.

Miss Mary S. Gardner, Superintendent of the Providence Visiting Nursing Association, attended the meeting by special invitation so that the professional point of view might be contributed to the discussion. The general subject to be presented from different points of view was "Responsibilities of Boards of Directors." The chairman in opening the meeting pointed out the increasing recognition by the National Organization for Public Health Nursing of the part of the lay person in the development of its program. There are, for instance, now eight lay women on its Board of Directors. Public Health Nursing is a new but thoroughly recognized profession for women, in which lay women have an essential part. Has not the time come when directors as well as nurses should have some special training, if they are to direct a professional piece of work so important as health is to the community?

Mrs. Chester C. Bolton spoke on "Opportunities and Privileges of Di-

rectors," giving to the subject the reality which is gained only through personal experience. A few extracts from Mrs. Bolton's address will serve to illustrate how she first acquired intimate knowledge of the details of local visiting nursing work and problems. How later during the war her help was sought by the National Organization for Public Health Nursing, since which time she has been an indefatigable worker in its cause. How finally through this broadening interest in nursing she has allied herself with all nursing problems, the most fundamental of which is education.

I learned public health nursing by going with the nurses into the districts. I did that a great many years ago, and I knew intimately then the ten nurses on the Cleveland Visiting Nursing staff, and for a period of perhaps ten years worked very closely with that Association. . . . As time has gone on it has seemed to me that if we as Directors are going to fulfil our part in the general health program of the country we must fit ourselves for our jobs a little more than we have done. We are all interested in our own little local problem of health nursing. We are on the Board, some of us a little perfunctorily coming to the meetings, getting there a little late and we don't realize that a quorum is a necessary thing at the beginning of the meeting. . . . We think perhaps we are not needed at the meetings. We are needed because we ought to know just what is going on in the public health world. Visiting nurses serve every public health situation. They are a part of every program. The doctors can do a great deal but the actual work must be carried out by the nurse and if a nurse feels that she has the intelligent backing of her lay Board she can do a better piece of work knowing she has been able to get them to give thoughtful consideration to her problems.

I want to emphasize the necessity for boards of directors to know their nurses; know their problems in the *whole program of public health* in their community, not just the visiting nursing. It means lots of time, lots of enthusiasm and a great deal of application if you want to get busy and find things out, but, after all, what is the use of being in it if you don't do it well. My own satisfaction in working with the visiting nurse association in Cleveland has been the joy and privilege of working with a group of trained women. We can learn a great deal from them if we stop considering our nurses apart from ourselves and a kind of different type of creature. I find that on the Board so often, "That is the nursing end of the work." But it isn't only that at all. The nurse needs human contact to keep her going. She needs understanding and an intelligent, not sentimental, understanding. We must not let ourselves think of the nurses as different from ourselves except that they have a training that we have not. We need their trend of thought and they need our trend of thought. To me it is a great privilege to be in touch with the nurses. They are giving everything they have to give and they are doing it with such joy and such enthusiasm—nothing matters except their work.

Great as the local problems are, we cannot dissociate ourselves from the national problem. Every local problem is a national problem just as any individual case of scarlet fever is a community problem. We exist in our local communities as quietly as we do and with the knowledge of the strength behind us because the National Organization exists. Those of you who have worked at all in the main office of the National Organization know what a very impersonal attitude there is in that office. It is not tied to any organization. It has no especial point of view. It is not trying to put over any one thought. It is assembling all obtainable knowledge on public health matters and it is all at our disposal.

All of us who are members of local boards should be thinking in national terms. To do this we must be willing to say this not only locally but nationally. We do not always do it, the local problems are so pressing. If you suggest to a small local organization that they do a better work because the National Organization exists and they have a certain duty toward the National Organization they say "But we cannot possibly do anything, we have all we can do to get our own budget." That is perfectly true, but the work done in local organizations is really very largely governed by the actions of the National Organization.

We are missing a great many wonderful opportunities by not associating ourselves more closely with the group who teach health and happiness in addition to caring for the sick. The country needs health, we all want it but we are not going to get it until we make it our business. We lay people who sit on boards have a great responsibility toward the community. We know more about what we want than people who don't sit on boards because we know what our problem is.

The second address was by Miss Breed, member of the Louisville Visiting Nursing Board, who, under the title of "Responsibility of Board to Staff," made a stirring appeal for the personal relationship between the board and staff; something far more general than can be acquired by the

perfunctory teas. This can best be brought about by the board members having an intelligent understanding of the work and point of view of the nurses, an understanding which will appeal to the nurses, and which will make a basis for the presentation of their problems and the assurance of a sympathetic hearing. The Board of Directors stands between the nurses and the public. Perhaps it is money to enlarge the work which is needed, perhaps it is some change in their training school which involves public opinion, or perhaps only preparations for a staff party; some help is needed which is beyond the power of nurses to provide. They naturally turn to those members of the board who have given proof of their interest and knowledge.

> I have as many friends among the nurses as I have in any other organization that I can think of, and it means a lot to them to feel that you are friends with them as woman to woman, not employer and employee. It is a dreadful attitude—and yet it exists among some organizations—that the nurse is employed, is paid for what she does. We are doing our bit and they are doing their bit, and because they know how to do it better than we do, they receive something in compensation. It is a wonderful thing to have the friendship of the nurses.

Miss Breed also made a plea that organizations should make it possible for their nurses to take advantage of educational opportunities which would be of benefit to themselves and to their associations. This suggestion was discussed in considerable detail and the meeting went on record as recommending that staff nurses be offered scholarships by their associations and released from duty for a given period to take special training in public health nursing, with the condition that they return to serve the association for a stated time. It was felt that such action would be a great help in procuring a better training for staff members who could not make this opportunity for themselves, and thus help to insure a better type of nursing service.

The third address was given by Mrs. William Lee, the President of the Minneapolis Visiting Nurses Association, on "Responsibilities of Boards in Educating the Community."* Mrs. Lee described the readjustment necessary in the duties of the board and in the opportunities for interesting the public that must be met with the acceptance of the Community Chest method of raising money. The activities Mrs. Lee mentioned as being carried on by the members of the Minneapolis association show no evidence of stagnation.

The Second Meeting

The interest in the meeting was so great that further opportunity to discuss informally the points raised and to ask questions was requested. An adjourned meeting was, therefore, arranged one evening at the Statler Hotel.

The first question presented for discussion was "Should the superintendent of a staff attend meetings of the board and subcommittees?" Many points of view were presented, perhaps the most effective in opposition being made by the smaller associations on the ground of lack of time on the part of the nurse. Some feeling was expressed that there were advantages in discussing the work without the presence of a nurse to whom it might appear critical. Discussion, however, brought out the feeling that if there were criticism of the work from the board it was essential that a nurse be present to give the professional point of view and that discussion and even criticism of the work ought not to be taken personally. It is important that a superintendent should understand every point of view on the board, even the attitude toward finance for which she is not responsible. The general opinion of the meeting was summed up in the following statement:

> That because of the close relationship between finances and policies and the necessity for general knowledge of all phases of the work by both Board members and Superintendent, the Board meeting may be opened without

* This paper is published in full in this issue.

the Superintendent, but that no action or discussion about the work shall occur without her and that she be expected to attend all subcommittee meetings.

Further talk brought out the point that because of the educational value to board members it was considered appropriate for them to make visits with the nurses, the nurses having been given warning and using some discretion. That this may not be wise in a rural community was recognized.

The raising of money through Community Chests presented a topic for lively discussion. The majority of cities represented were working under that method of financing their association, and on the whole the evidence seemed to show it was satisfactory. The value of having to submit one's budget for discussion and to prove its value before an impartial committee and to administer the work strictly on the budget system was emphasized. The satisfaction of a certain income; of the increased number of contributors; the greater publicity and the community point of view were all recognized. On the other hand was the problem of the substituting of equally interesting and vital duties of the board to replace the responsibility for raising money and the devising of methods to educate the community in the special work.

Mrs. Levy of Harrisburg, R. I., acted as secretary at the informal meeting and concluded her report as follows:

From these meetings one came away with the feeling that all over the country members of boards of directors were awakening to the importance of the service they might render to the community if they could bring to their work intelligence, sympathy and the same quality of leadership and service that has been given by the pioneer women in public health nursing.

As always at so large a convention the most lasting memories and the most valuable information were gained at the small accidental meetings. The lay people had their full share of these, and one saw on every hand groups lunching or dining together or going back and forth to meetings, and those who arrived in Detroit as strangers separated after the few but active days from these new acquaintances with a sense of regret. Such are the bonds of a common interest, and united effort to reach a desired goal.

REPORT OF COMMITTEE ON BRANCH DEVELOPMENT AND REVISIONS

The Committee on Branch Development and Revisions, at its meeting in Detroit on June 14 and 16, discussed a series of questions and answers which have a bearing upon organization in the states. When these are in final form they will be set up in a handbook for state organizations for public health nursing.

Considerable interest attaches to these questions and answers, since they deal concretely with the practical problems of the present forms of organization for nurses.

It is hoped that they may be helpful in creating a better understanding, first of all, of the purpose of organization, and at the same time stimulate a thoughtful interest in the means through which these purposes are carried out.

Members of the committee have said that these questions and their answers have served to illuminate the whole subject for them, and this experience leads them to believe that the handbook will be a welcome and helpful contribution.

By the time these lines are read this may be ready for distribution. Those who are interested should write to the N.O.P.H.N. office about it.

ROUND TABLE MEETINGS

RURAL PUBLIC HEALTH NURSING QUESTIONS OF TO-DAY

Chairman, RUTH HOULTON, Minnesota

From the point of view of attendance, the Rural Round Table was a great success. Though planned as a luncheon meeting for a maximum of 100 nurses, there was an attendance of nearly 200, while many others who wished to attend could not be accommodated.

Of the many problems in rural public health nursing demanding solution three outstanding ones were selected for discussion at this Round Table. The first was upon the subject, "How to Plan the Program for a Rural Nursing Service."

It is axiomatic nowadays that a rural public health nurse should ideally be giving generalized service, including every type of public health nursing. But though the nurse and her advisory committee may recognize as ideal the complete job, they must usually realize that for many reasons the actual program for the immediate future must be very definitely curtailed.

Miss Margaret McGreevy, Field Nursing Representative in Nebraska for the American Red Cross, led the discussion on this topic. The determining factors in planning a nursing program as brought out by the discussion are:

1. The source of financial backing, which may be for a special purpose, as, for example, the control of tuberculosis.
2. The area and population to be served.
3. Needs and resources of the people in the area as discovered through a study of its vital statistics and a survey of already existing sources of help.
4. Public opinion, which very often strongly favors some special type of work.

The second topic of the Round Table was called "Measuring Results." At stated intervals in any business an account of stock must be taken so that in the future better plans may be made. Miss Georgia McKenzie, Assistant Supervising Nurse for the State Board of Health in Austin, Texas, began her discussion of this topic by a humorous but none the less vivid description of Texas as unquestionably the first state of the Union with regard, at least, to its steers and dimensions. Its rural nurses must singly obtain results in areas almost the size of a small eastern state. That they succeed in doing so is proved by the best of all evidence—the cordial response of the people and the installation of a constantly increasing number of county nurses.

Lois H. Barrington, school nurse in Wayne County, Michigan, emphasized the importance of records in measuring results. She proved them to be essential from the point of view of the nurse herself, the community in which she works, and the committee or organization to whom she is responsible.

Marked reduction in the number of underweight school children, in the frequency of contagious disease, and other evidences of improved health conditions for the school children of her county has proved, according to Miss Dorothy Motl, Jackson County Red Cross nurse, in Minnesota, the worthwhileness of a continued effort on the part of the same nurse for a period of three or four years.

Miss Zurawski, newly appointed Supervisor of Nurses in Monmouth County, New Jersey, also took part in the discussion of this topic.

The meeting seemed to gather impetus as it progressed, and with the final topic, "The Rural Nurse as a Teacher of Public Health Nursing Students," discussion became really animated. Miss Helen Boyd, Director of the Public Health Nursing Course at the University of Iowa, introduced this topic by enumerating some of the differences between town and country public health nursing which she feels make it almost necessary for the student to have field experience in a rural district if she is to receive adequate preparation for work in such a field.

Miss Eula Butzerin, Director of the Public Health Nursing Course in Min-

nesota, gave the details of a tentative plan which is now being tried in that state as a basis for student experience in the rural field.

Space does not permit mention of the contributions to this part of the Round Table, though they were, without exception, interesting and apposite. It was the consensus of opinion that rural public health nurses should be prepared for their work by some experience as students in the rural field. Much interest was expressed with regard to the Minnesota plan, the chief criticism being that it included more than could usually be obtained in two weeks' experience. As a guiding standard both for student and teacher it seemed, however, to fill a real need.

Copies of a bibliography* giving reading references of interest to the rural public health nurse were available for all who attended this round table.

In general, it may be said that the Rural Round Table at the Convention at least served to show how vitally interested rural workers are to obtain further light upon their problem and to make use of any help that is offered. It would seem to prove that more discussion of rural problems could well be planned in connection with the program for the next Convention.

LEGISLATION

Chairman, JANET GEISTER, New York City

Legislation offers to the nurse not only an opportunity but an obligation. As nurses and as citizens we are concerned in legislation personally, as it affects our personal lives; professionally, as it affects our work; publicly, as it affects the lives of people about us. These points were admirably developed in the discussion on legislation led by Miss Anna M. Drake, Miss Grace E. Anderson and Miss Mary E. Gladwin.

Miss Drake, State Advisory Nurse for Iowa and President of the Iowa State League of Women Voters, spoke on "The Nurse as a Citizen." The women of this country have accepted the challenge and the opportunity that came to them with the granting of the vote. They are interpreting their responsibility in the broadest terms. Through organizations and through individual effort they are participating in registering their positive interest in legislation, especially that legislation that has to do with social welfare, education, and all matters that affect America's basic industry, the home. Their interest is coöperative; it works for neighborliness and understanding, and it knows no geographical boundaries. Nurses in all branches of the profession have an unusual opportunity for participation in legislative matters. Our work brings us close to the maladjustments and ills of society; the need for corrective and constructive legislation is impressed upon us. The value of our service is broadened by our concern with efforts to relieve and to prevent social maladjustments. Our interest should not limit itself to matters directly affecting our own particular field but should include those affecting other fields. In doing so the nurse broadens her own viewpoint and she brings back into her own field a knowledge that increases her value. Furthermore, through her interest and activity in the legislation affecting other fields she gains interest and support in the legislation that affects her own.

Miss Grace E. Anderson, Director of the East Harlem Nursing and Health Demonstration, discussed "The Nurse and Nurse Legislation." The development of the Nurse Practice Act in this country is marked by a long struggle. Inaugurated in 1900 out of the work of the Associated Alumnæ, the movement has steadily strengthened and broadened, in spite of difficulties that tried the souls of our undaunted leaders. We can not appreciate the full significance and value of the Nurse Practice Act to-day with-

* Unfortunately too long to publish.

out a study of the history of its development.

To-day there are nurse practice laws in 47 out of 48 states of the Union. The composition of the boards charged with carrying out the provisions of the laws is as follows:

All nurses	25
Majority nurses	13
Character not stated	3
Half physician, half nurse	1
Majority physicians	2
Board permissive	1
All physicians	2
	47

Seventeen states have training school inspectors and two states have educational directors. The educational requirements for admission to training schools vary markedly:

No educational requirement	22
Eighth grade	5
One year high school	15
Two years high school	2
Full high school	2

Seven states require annual registration while one state requires registration every five years.

In presenting these statistics Miss Anderson stressed the importance of keeping all information regarding nurse practice laws up to date and available. A national clearing house is needed and it was suggested that possibly this could be carried out by the American Nurses' Association.

The enactment or amendment of existing laws depends on:

First. An investigation of existing conditions and the formation of a plan.

Second. An educational campaign to inform not only the nurses but the public as well regarding the needs and purposes of the proposed act.

Third. A sufficient amount of money to carry on the campaign.

Fourth. A sufficient length of time to organize and project a carefully worked out program.

Miss Anderson particularly emphasized the need for developing public opinion in support of nurse practice legislation. This type of legislation is designed primarily as a protection for the public—the public should be active in bringing about its promotion.

The nurses' duties in regard to nurse legislation are:

Know your own state law.
Register and get others to register.
Support the law's standards.

Miss Mary E. Gladwin, Educational Director, Nurse Examining Board, St. Paul, Minnesota, spoke on "Nursing Legislation and the Public." The nurse is especially interested in all legislation that has for its purpose the protection of the public from poor nursing service through the maintenance of standards, the provision for care of the sick and prevention of disease. It is very difficult to protect and help the man who has no desire for our assistance and no knowledge of his need. We are confronted by the necessity of giving the public generally some real conception of the meaning of modern nursing and the purpose of our efforts. The law we propose should be possible of enforcement; it should be suitable for the time and place where it is enacted. Legislation affecting the populous states on the Atlantic seaboard must differ from that enacted in the Middle West and the Far West where only in the large cities are found the large hospitals. Scattered over these states are many small institutions which provide the only nursing care available to isolated and rural communities. These hospitals create public sentiment in regard to nurses and nursing, and their intelligent interest and support can be a powerful factor in any legislative effort.

In all our legislative efforts we must take the public into our confidence—we cannot go ahead of public opinion. All our laws are enacted for the protection of the public—it is directly concerned in our efforts to maintain high nursing standards. We are told it is the business of the nursing profession "to see that all the sick in the United States are well nursed." We can accomplish this stupendous task only if we work hand in hand with our public. We can make them see our problems and our purposes only through education; through developing in them a sense of their own responsibility.

VOCATIONAL PROBLEMS AND POLICIES

Chairman, MARY S. GARDNER, Providence, R. I.

"The public health nursing group has not yet developed a code of vocational ethics and it is perfectly logical for us to discuss a code here and develop it for ourselves." The speaker from the floor who voiced this idea was really giving the assembly a central idea. The purpose of the meeting, as pointed out by the chairman, Miss Mary Gardner, was concretely that of determining vocational policies. This sounded a comparatively new note, and yet it was very evident from the lively and valuable discussion that ensued that the members of the N.O.P.H.N. had done some very serious thinking on the subject. They showed their willingness to share the responsibility with the officers and directors of their organization, on a broad and democratic basis, as they had been invited to do. It was found that one hour and twenty minutes was wholly inadequate to give to this important subject, and it is hoped that the discussion may be continued through the columns of THE PUBLIC HEALTH NURSE since we do not come together again for another two years. There was time enough to "air" only two of the many problems involved in the vocational activities of the N.O.P.H.N., but some interesting conclusions were reached. It was rather disappointing that the discussion remained so largely in the hands of the executive group, although there was a splendid effort on the part of this group to present all points of view. While the lay members of our organization and the staff or supervised nurses did not enter into the discussion, they seemed to make use of their opportunity to vote upon the questions.

Miss Tittman, the Vocational Secretary, preceded the discussion by informing the assembly regarding certain details with which all members should be more or less familiar. She outlined the historical aspect of the service and presented its purposes and objectives, and particularly emphasized the point that actual placement work was only a small part of the service—that giving vocational guidance to the end of standardizing qualifications of nursing personnel was the more substantial and significant feature of it. She also stressed the opportunity and responsibility of the Vocational Department in serving as an agency for the standardization of local organizations as to conditions of work for the nurse, conditions of living, salaries, programs, supervision. She pointed out some of the problems that hamper the effective functioning of the department, such as too frequent failure of nurses and organizations who use the service to keep the Vocational Department informed of developments. The question of the problem nurse was touched upon. Physical handicaps, handicaps of age competing with youth, personality difficulties, were shown to be the frequent cause of inability of the nurse to fit into the scheme of things. Miss Tittman pointed out the need for judging credential *writers* as well as credentials, and pleaded for a scientific basis for credential writing. She argued that one or two failures need not "damn" a nurse. Miss Tittman felt that the responsibility of determining the course to be followed for problem nurses could not and should not be left in the hands of one administrator. She prophesied an extension and strengthening of the usefulness of the department by the recent appointment of Regional Advisors throughout the country to bring about a closer linking up between the local groups and National Headquarters with a mutual interpretation of needs and resources. The most significant problem, according to Miss Tittman, is a certain lack of centralization of vocational activities. She pointed out that the best service could be rendered if N.O.P.H.N. is kept informed of all vacancies and all available

nurses. She urged the closer coöperation of local organizations and individuals through a system of referring requests for nurses which they receive from other local groups to National Headquarters, together with any suggestions they might want us to make as coming from them for filling these positions. This plan would not minimize the recognition of local wants and conditions—it would in reality capitalize them, and it would enable the organizations seeking a nurse to make use of the storehouse of credentials at National Headquarters. Recognition of this geographic phase was considered very necessary.

The questions which aroused the interest of the meeting were these:

1. What should be the ethics of approaching a public health nurse in soliciting her interest as a possible candidate for a position when the nurse is not seeking a new opportunity? Should the organization by which she is employed be consulted beforehand, advised concurrently or after the nurse is consulted, or not at all?
2. Should a public health nurse feel any reluctance about making direct application to an organization for a position?

Miss Ruth Houlton opened the discussion of the first question, pleading for the finding of a common ground for the various points of view. She pointed out that our primary interest in vocational work is that of developing the individual to her highest point of efficiency and thereby promoting public health nursing to its highest standard of excellence. She argued that inasmuch as there are vastly more nursing jobs to be filled than there are nurses to fill them, it is only by the merest accident that a nurse would be out of employment at the time just the right opportunity for her might occur, that the question resolved itself quite definitely into that of approaching the nurse who is already employed. She referred to the method of procedure in other working groups and the development of the idea of a "personnel manager" to study each individual in relation to his individual needs. In commercial circles the method is to approach the employee directly, unless the commercial concern is a party to an agreement with some other commercial concerns that none will employ a worker who is already in the employ of one of the concerns. Among teachers the approach is universally made directly to the teacher. Miss Houlton quoted a woman who does vocational work among social workers and clerical people as saying that the worker is dealt with directly, but that it makes for good feeling to notify the employer when the worker is offered a position. Miss Houlton's investigation of the attitude of members of other professions had lead to the conclusion that it was unwholesome and undemocratic *not* to approach the individual. Any other method would be a relic of the time when an employee was considered an individual without judgment. Miss Houlton closed her remarks by suggesting a policy of a preliminary sounding out of the feeling of the nurse or executive, as the circumstances may indicate, before an actual negotiation is made.

Miss Wales felt that the directors of organizations could be trusted to talk the matter over with the nurse and give her ample opportunity for bettering herself. She argued for the concurrent notification of the nurse and the organization employing the nurse.

Miss Tucker brought out the point that organizations have a way of sometimes taking their staffs for granted and not always considering the value of each individual. She said: "It is a wholesome shock that we sometimes get when we realize that other people do appreciate the people on our staff even if we don't. I think we should say to ourselves that we should pay everyone what they are worth and should advance them as fast as they can be advanced. Just humanly that doesn't always happen. Very often we do have plans about raising salaries or advancing a nurse before we have gotten to the point of talking it over with the individual. I feel that we should have the opportunity of talking that over with the individual and leaving it to her. There is a certain waste in

the individual leaving the organization rather than taking the opportunity for advancement there. I feel of course that never should the board or executive be notified before the individual is."

Miss Amelia Grant was in agreement with what had been said, and brought out the point that the nurses themselves could be trusted to inform their organization head when they are approached regarding other positions. If the matter is talked over the nurse does not leave her organization in an embarrassed situation. No reason was seen why the organization should not be advised concurrently if that would make it easier for anybody concerned.

Miss Gardner wondered if we would have to adopt the yearly contract plan prevalent in some working groups. She asked for discussion on the point of how an executive might feel about having her board of managers notified of offers she might receive to accept a new field. Miss Tucker replied to this, that she felt that such a procedure would keep boards of managers in a very unsettled state and that they might get the impression that their executive was restless and was actually stimulating such offers. Miss Hodgman brought out the point of difference between an offer and an approach.

Miss Gardner called for a vote from the floor with the following conclusions representing the consensus of opinion on this question of approaching the nurse:

(a) The nurse should always be approached before the organization employing her is notified that she is being considered for another position.

(b) There seemed to be no objection to notifying the organization when a staff nurse is being approached for another position—except that there was a feeling that this should be done only when the "approach" was likely to be followed by an actual offer of the position. It was agreed, however, that a nurse should be privileged to request that her executive be not informed when she was being offered a position.

(c) In the case of executives, it was felt that it would be very unsettling to boards to be notified whenever the executive was offered a position.

The second question had a bearing upon the first to a considerable extent. Miss Tittman opened the discussion by a presentation of observations made in the Vocational Department. Many nurses were known to be disinclined to make direct application to an organization where a vacancy exists, perhaps feeling that there is an element of stigma in what might be interpreted as advertising professionally. Miss Tittman emphasized the function of the Vocational Department in serving as the "go-between" so far as the nurse and the organization are concerned. She urged nurses to allow the department to keep their professional histories up to date in order to have all credentials in readiness to send when an organization desired them for a particular nurse or the nurse desired them sent to an organization. A nurse should feel no reluctance in making direct application to an organization if she wanted a position, particularly if it promised her the type of experience that consumed her interest.

Miss Gardner felt that there was a difference in the desire to go on a staff and the desire to become the director of an organization.

Miss Haupt felt that a nurse should have little hesitancy in applying for a position. She presented a hypothetical case of a nurse who may have been ill for several years with a consequent loss of all contact that would help her procure a position. Miss Haupt advocated that the nurses use the Vocational Department by asking to be referred to a specific job if they wish that job.

Miss Wales felt that nurses who applied directly were much more interested in that particular position than those who did not apply. Mrs. La Malle believed that many nurses hesitate to make direct application for a position because they are afraid that they lack the ability for it, even though they are interested in that type of work. She favored having the contact established for them by the Vocational Department. Miss Sargent argued

that it showed versatility on the part of the nurse to cut loose and go abroad looking for something better. Miss Hill asked how the organization was to know that there were nurses who wanted to go on a particular staff unless the nurse made that known. Miss Deming felt that it was the responsibility of the executives to encourage the staff nurses to watch bulletins and magazines for the announcement of opportunities and to urge them to keep their credentials on file with the Vocational Department. Miss Gardner called for a differentiation in making application to a director (nurse executive) and making it to a board of managers. This important point did not receive comment because of lack of time. Does it mean that we must have a different code of ethics for the staff worker than we may have for the nurse executive? Perhaps. Or does every case need to be handled upon an individual basis with only general guiding principles to consider rather than a fixed code?

The conclusion of the discussion upon this second question was that there was a very decided feeling that a nurse should have no hesitancy in applying directly for a position that she was interested in and qualified to fill. The heads of various organizations said they were always glad to receive direct applications for positions on their staffs, and some said they were dependent upon such applications.

AFFILIATIONS WITH PUBLIC HEALTH NURSING ASSOCIATIONS FOR SCHOOLS OF NURSING

Chairman, GERTRUDE E. HODGMAN, New York City

The subject of the relation of Public Health Nursing Associations to the problem of fundamental training of nurses was the topic of this Round Table. The subject was presented from three angles: first, the angle of the director of a school of nursing; second, the director of a public health nursing course; and third, the director of an association through which the practical experience must be obtained.

The paper which was presented by Miss Clayton is being published in the *American Journal of Nursing.* In this paper Miss Clayton spoke very emphatically of the necessity of every student getting a public health point of view in her nursing education. To this end Miss Clayton felt that every instructor in a training school should have an idea of the preventive and educational aspect of nursing work, and that affiliations should be arranged with various types of organizations and departments doing preventive educational work in the community.

The paper by Miss Howell, which we hope to print later, emphasized the standards necessary to maintain in a field experience, if that experience is to be sound educationally.

The third paper, which is contained in this number, was given by Miss Haupt, superintendent of the Visiting Nurse Association of Minneapolis.

PUBLICITY

Chairman, EVA ANDERSEN PRIEDEMAN, Minneapolis, Minn.

The increasing desire of nurses and lay representatives of nursing services to know more about publicity work was evidenced by the attendance of between 500 and 600 convention members at this Publicity Round Table, presided over by Mrs. Eva Andersen Priedeman.

We were fortunate in being able to listen to Mr. Charles Stelzle, publicity counsellor for social agencies and especially familiar with the public health nurse's publicity problems, since he has for some little time been directing publicity for the Visiting Nurse Service of the Henry Street Settlement.

Mr. Stelzle's topic was "Publicity Principles with Particular Emphasis on Newspapers and Pamphlets." Because the thoughts which Mr. Stelzle brought us are so necessary for all of us to share, we are condensing his talk considerably, regretting very much that his message cannot be given verbatim. Briefly, Mr. Stelzle stated that it was highly important in the first place to create an atmosphere in a publicity campaign which would be favorable to the work. He proceeded to stress the importance of the personal element in publicity and in this connection mentioned the value of certain people's names being linked with the work. "The name of Lillian D. Wald, I have found, is a distinct asset for nursing work in New York City," he said.

And in showing further how the use of certain features, such as badges, combinations of letters, a color scheme, etc., lent a personal character to an organization's publicity material, he made this interesting statement: "The reproduction of a drawing of the Metropolitan Tower is the biggest piece of publicity that any life insurance company has carried out."

The value of the direct appeal, the appeal that begins with "you," not "I," the appeal with the human interest element, the appeal that is not too technical or too high brow, this must all be realized: "Don't assume that your public knows anything about your work. Deal with the most elemental things. Martin Luther said he preached to the servant girls in the lowest seats because if they got it, everyone else would, too."

As for newspapers, Mr. Stelzle declared that the article in the daily newspaper reached more people than can be reached in any other way, and that this opportunity was therefore to be valued because of its effectiveness in creating atmosphere, a necessary background for any appeal.

Among other suggestions with regard to the preparation of folders for use in the educational campaign, Mr. Stelzle very emphatically advised the use of high grade printed matter. "The cheap material goes into the waste-paper basket at once."

An explanation of the Publicity Service available through the N.O.P.H.N. was then given by the Publicity Secretary, Miss Anna K. Behr, and following this four questions were presented and discussed by N.O.P.H.N. members. These questions had been specially chosen because they had been most frequently asked of the Publicity Department during the year. Miss Mary Laird, of Rochester, N. Y., raised the question, "Is it the job of the staff members (the nurses) to be responsible for publicity or is it advisable for this responsibility to be given to a formal publicity committee composed of representative members of the community?" While no definite conclusions were reached it was evident that the services of a formal publicity committee were considered to be of inestimable value. Mrs. Helen La Malle, of the Metropolitan Life Insurance Company, presented and discussed the question, "What kind of a pamphlet is most popular with the public?"

Mrs. Jean T. Dillon, of the West Virginia State Department of Health, gave a very interesting discussion of the question, "How much is an organization warranted in spending on publicity?"

The last question, "Is an all-year-round publicity program worth the effort?" was presented by Miss Hazel Corbin, of the Maternity Center Association of New York City, an organization which has carried on very energetic and successful year-round publicity.

At the close of the meeting the new health examination film, "Working for Dear Life," was shown. Many were glad to know that this movie could be secured from the Metropolitan Life Insurance Company for transportation charges only.

CONTENT OF THE COURSE AND PRINCIPLES OF PUBLIC HEALTH NURSING

Chairman, KATHARINE TUCKER, Philadelphia, Pa.

A round table luncheon was held at Friday noon of the Convention for the Directors of Public Health Nursing Courses, their assistants, and the Directors of Associations or Departments with whom the university course affiliated for practical experience. About 75 persons in all attended this luncheon.

Miss Helena Stewart presented an outline with bibliography to cover the subjects she felt important in this course. Miss Butzerin of the University of Minnesota discussed the method of classroom teaching and the aims in the technical instruction in this course. Miss Elnora Thomson presented the aspect of the relation of field work to the teaching of principles, and emphasized the fact that practical work is an absolutely essential part of this course.

OFFICERS OF THE LEAGUE OF NURSING EDUCATION AND THE AMERICAN NURSES ASSOCIATION

The election of officers of the American Nurses' Association resulted as follows:

President—Adda Eldredge, Madison, Wis.

First Vice-President—Elnora Thomson, San Francisco, Cal.

Second Vice-President—Jane Van De Vrede, Atlanta, Ga.

Treasurer—V. Lota Lorimer, Columbus, O.

Secretary—Agnes G. Deans, New York, N. Y.

Directors—1922–1926: Katharine DeWitt, Rochester, N. Y.; Sarah E. Sly, Birmingham, Mich.; Clara D. Noyes, Washington, D. C.
1924–1928: Elizabeth Golding, New York, N. Y.; Mrs. Janette Peterson, Pasadena, Cal.; Emily Sargent, Detroit, Mich.

Officers of The National League of Nursing Education are:

President—Laura R. Logan, Cincinnati, O.

First Vice-President—Carrie M. Hall, Boston, Mass.

Second Vice-President—Mary M. Pickering, San Francisco, Cal.

Treasurer—Marion Rottman, Milwaukee, Wis.

Secretary—Ada Belle McCleery, Evanston, Ill.

Directors—M. Adelaide Nutting, New York, N. Y.; Annie W. Goodrich, New Haven, Conn.; Helen Farnsworth, Kansas City, Mo.; Bena M. Henderson, Milwaukee, Wis.; M. Helena McMillan, Chicago, Ill.; Mary M. Roberts, New York, N. Y.; Martha M. Russell, Denver, Colo.; S. Lillian Clayton, Philadelphia, Pa.; Adda M. Eldredge, Madison, Wis.; Elizabeth G. Fox, Washington, D. C.; Blanche Pfefferkorn, New York, N. Y.

COMMUNICABLE DISEASES*

By Charles P. Emerson, M.D.
Dean, Indiana University School of Medicine

MY friends of the greater medical profession, I do indeed consider it a great honor to meet you this afternoon. We doctors may emphasize our own importance in medicine, but we know that in the long run it is the trained nurse who will make our knowledge of actual efficient value to the public. How much the American medical profession owes to the trained nurse is only too evident from a study of the history of our profession. When we remember the conditions which obtained in Bellevue Hospital back in 1872, as told in Miss Nutting's and Miss Dock's *History of Nursing,* and remember the influence which that group of women had who reorganized that hospital and started the first training school in America, we again remember that it has been the training schools which have made the many hospitals possible and the hospitals which made our medicine and surgery possible. We doctors may know how to treat the few, but it is the public health nurse, the district nurse, and the Red Cross nurse who carry this relief to the masses. And finally, from the first it has been one of the functions of the nurse to hold up the standards of nursing so high that you have pulled those of medicine up with you.

We are this afternoon to talk about communicable diseases. The communicable diseases are those which make the patient an element of danger to his neighbors. They are "catching" diseases. We used to call them infectious diseases, but that word got us into trouble as used; it covered only those "catching" diseases caused by pathogenic microörganisms. We called them also contagious diseases, but that also failed. It assumed, historically, a dangerous air area about the patient. So now we call them "communicable" diseases, and a person who has a communicable disease to a certain degree is an element of danger to his neighbors. Now, of course, how great that danger is, depends on our knowledge.

Diseases Which Should Not Now Be Communicable

There was a time when bubonic plague was one of the most communicable diseases that we knew. It destroyed over a million persons in the Far East inside of eighteen months. Such awful epidemics have not been unusual in history. And yet, bubonic plague should not be a communicable disease, because rats are not necessary in our community life. A person with bubonic plague is now not an element of danger to his neighbors if his neighbors use only a reasonable degree of care. There was a time when yellow fever was a very communicable disease. It is not now. At least, it should not be in any community that has any hygienic conscience. There was a time when malaria was a definitely communicable disease, we thought. It is not now. Malaria does not spread directly from person to person. There was a time when typhus fever spread through armies and decimated camps. It does not now. We know what to do. Now, if we use ordinary common sense, we stop typhus fever. Typhoid fever was communicable. It is too often communicable to-day, but only because we are careless. It should not be named in the group of communicable diseases. We hope some day it will not. Asiatic cholera was a communicable disease. To-day it is not, because if we use a reasonable amount of care, we can stop it. Cholera infantum, very communicable a few years ago, should not be as much now.

In other words, the more we know about communicable diseases, the more

* Presented at General Session on Communicable Disease, June 17, 1924.

clearly we understand the way they spread, the shorter becomes the list.

Now, the diseases which I have mentioned are water-borne, food-borne, and insect-borne diseases. We now know how to control most of these. There is another group of communicable diseases which also we have learned to control, but in other ways. Smallpox, for instance, is almost a solved problem. Diphtheria, which formerly claimed so many of the children, is now almost a solved problem. Typhoid fever, which I mentioned before, thanks to vaccination is an almost solved problem, and scarlet fever, we believe is, too. In other words, in addition to our control of the water-borne, food-borne and of the insect-borne diseases, there is another group of communicable diseases which we can make non-communicable by means of vaccines and serums.

Those Still Unconquered

But there is still another group of communicable diseases which as yet we have scarcely begun to conquer. Among these is tuberculosis. We have enough knowledge now to conquer this, but not yet quite enough social conscience. Diphtheria we should in large degree control, but still there is diphtheria in our midst. Influenza we have not yet learned how to control, and influenza has, historically, been one of the worst epidemics man has had to deal with. Measles we have scarcely begun to control as yet, and the same is true of mumps, whooping cough, and chickenpox. Again, allow me to review. There are water-borne, food-borne and insect-borne diseases which now we can control, at least in any reasonably conscientious community. There are other diseases which can be controlled by vaccine or serum. But the so-called air-borne diseases are as yet almost free from our control. Please allow me to criticize that word "air-borne." Really we know of no such disease. Those diseases I have mentioned and often called "air-borne," such as influenza, pneumonia, tuberculosis, whooping cough, measles, mumps, and so on, should really be called "saliva-borne and nasal secretion-borne diseases." I know you do not like the word, and it is distasteful, but the truth is that the child spreads some of these diseases by means of his nasal and his mouth secretions. We may, because of our love of euphemisms, still use the term "air-borne" disease, but as a matter of fact, if those diseases actually are spread through the air it has yet to be proven. We must be able to control those little personal habits which control the nasal and the mouth secretions before we can control these diseases, and that as yet is quite beyond our power.

Another and Important Group

There is still another group of communicable diseases which are perhaps more important in the long run than those I have mentioned. We talk very little about them, and we pay very little attention to them, yet they are perhaps still more important in the long run than the others. I refer to the common cold in the head, the ordinary sore throats, even when the tonsils are out, tonsillitis, infected adenoids, and to nasal sinus diseases. We believe that the infections of the nose, the ordinary coryzas, or colds in the throat, the acute bronchitis, the colds which lurk in an adenoid, the colds which lurk in infected tonsils, the colds which hide themselves in the nasal sinuses, these we believe are quite as important as the more serious diseases. They may not kill to-day, but they certainly do so deteriorate the health that a few years later they make themselves very definitely felt in our mortality statistics. In other words, we can control food, we can control to a great degree the city water, we can in large degree control the vermin, but we have not yet learned to teach our children those little habits of personal hygiene which will protect them and their neighbors against these other diseases. We can control the man who sells milk, but we cannot control the child who drinks milk. We can control the man who makes a lead pencil and insist that it

should be sterile when it is placed on the market, but we have not yet learned to control the child who chews it and then hands it over to his neighbor. We can control the bookseller and force him to sell clean books, but we cannot control the child who wets his finger in order to turn a page and then loans the book to the next child.

Characteristics of Communicable Diseases

Now, the communicable diseases have certain characteristics which I would like to emphasize. First, these communicable diseases are in large degree diseases of childhood. If a person escapes them until he is fourteen years old, the chances of his getting them later in life are much slighter. It is the child protoplasm, the child's body which is susceptible; and therefore we should give the child greater protection than we have ever given him. The youth and the adult who have escaped them may catch these diseases, but they are not nearly so susceptible as are children. We see that so clearly in our medical students and pupil nurses. How seldom, when one considers the number of times they are exposed, do these young persons, those of them who had escaped these diseases in earlier years, ever catch the diseases of childhood. But 80 per cent of all the cases of diphtheria are under five years of age, and 97 per cent of all are under ten years of age. Now and then an adult gets diphtheria, yet those over ten years of age who do, and diphtheria leaves no permanent immunity, make up only 3 per cent of the patients of diphtheria. It is very seldom that an adult gets whooping cough. The vast majority of the cases of whooping cough are in children before the seventh year and the rest escape. While it is true that sometimes a poor miserable man or woman gets whooping cough, yet such a case is an unusual incident in the practice of even busy physicians. It is well known that smallpox is a disease of childhood. For instance, in one of the great recent epidemics, 85 out of every 100 who died were under ten years of age. It is well known that scarlet fever is so truly a disease of childhood that 90 per cent of the cases are under ten years of age. Scarlet fever in an adult is so unusual that that diagnosis raises a question. For twenty-five years we have taught classes of medical students. Not over 10 per cent of these students have had scarlet fever, and yet how few students catch it during their medical course. And think of the number of times each is exposed. The point I want to emphasize is that when we are talking about communicable diseases we are talking about children and not about adults. The control of the communicable diseases is a problem of child welfare and not a general problem of public health.

The communicable diseases are important because of their own intrinsic dangers which are many and serious, and because they may cause important injuries, as for illustration, the deafness in one ear or both ears due to scarlet fever; also, and this is more important, they have a definite relationship to the activity of other diseases not so definitely limited to childhood. The tuberculosis of the lungs seems often to be fanned into a flame by whooping cough; and what is far more important, the chronic diseases of adult life seem in some measure determined by the communicable disease which as a child he had.

Why is it that an infant born has about the same chance to live the whole of the first year that a man of eighty years has to reach his eighty-first birthday? It is a serious matter to be born and to grow up until about fifteen years of age, because of communicable diseases which we could control if we really wanted to.

Hidden Trouble

Let us go one step farther. Did you ever see a lost river? A small stream up somewhere in the hills which disappears under the ground to reappear as a river miles away and flow on? So you have seen a disease of childhood "disappear." That is, the child

seems to be well for twenty years, not perfectly well, but to have no symptoms of any particular trouble, and then later to develop some chronic disease, from which one seldom recovers. This is the serious aspect of the diseases of childhood. I now have reference to the diseases of young adult life; that time of life when we are in our prime, when we are trying to make our way in the world, when we are trying to rear our children, when the problems of life are most serious to us, when we should have the best of health we ever expect to have. I am not now talking about the diseases which come in later adult life, after forty. They belong to another group. I am talking about the diseases of the heart, of the kidneys, of the lungs, of the joints, diseases which make invalids of persons between twenty and thirty years of age. In many cases, in very many cases, these are merely the streams issuing up in adult life, the springs of which were the infections of childhood which disappeared for a while, but which progressed latently for fifteen or twenty years. For illustration, it is an interesting medical problem whether or not an adult easily can acquire acute nephritis, acute Bright's disease, since in so many of the cases of so-called acute Bright's disease of adults we find that the trouble must have been there for years. Do you realize that it is almost never that a person in the prime of life "gets" tuberculosis of the lungs? Practically always we can find that the source of that hidden river disappeared before he was eight years of age. That is the story of a great group of invalids who seem to develop their troubles between the ages of about twenty and forty. They called themselves well, they never knew what better health was. "Not very robust" they say, but no evidence of any definite trouble. In the large majority of such cases we shall find in tonsils, sinuses, gall bladder, mediastinal and bronchial lymph glands, the hidden, simmering trouble, which later breaks through the surface of their customary average health as a disease. If we prevent, head off, many of these crippling diseases of young adult life, we must take care of the child before he is ten years of age. Communicable diseases have an importance which is out of all proportion to their apparent relation in the child life. In no small degree the health of the adult depends on the health of the child. Save the child health and you protect the man.

Cutting the Death Rate

We digress to make statements not necessary to make before this audience, but in case some may have strayed into this room who do not think the way you and I think, I wish to make the point that this is no theory we are presenting. The germ theory of disease is no more a theory than the claim that the factories of Detroit can produce automobiles which run. The facts are everywhere. The death rate from tuberculosis has been cut in half; the death rate from typhoid fever is 60 per cent less than it was; the death rate from diphtheria is 80 per cent less than it was; and the death rate from scarlet fever is only about one-tenth what it was formerly, and as a result our critics have an expectancy of life fifteen years longer because we have worked out some of the problems of the communicable diseases. This is not a theory, it is as well established as the facts regarding the results of the battles of the Great War. And it, too, has been the result of a fight; of a long campaign. It has not come slowly and unconsciously; it has come as the result of a war of hygiene. Our critics say that the longevity is increased because of a general improvement in social conditions; not because of any specific medical discoveries. Not at all! As a matter of fact, the civilization of the late nineteenth and twentieth centuries has done its level best to shorten life, and the very fact that persons have fifteen years of better expectancy than they had before is because you and I and those who represent us in our profession have fought that they might have it. It has been fifteen years of gain against a strong current in the opposite direction.

Conquests of Hygiene

The conquests of hygiene have been victories over many powerful elements of twentieth century civilization all tending in the other direction. It has been the result of a fight, a desperate fight to control disease. You know that General Gorgas cleaned Panama from communicable diseases and made it a habitable place. But he applied the same general measures which make Detroit a safe city. Forget for a few days to apply these measures and you could not meet here to-day. It is not many years ago, I can remember it, that a city of over 100,000 was a dangerous place to live in. Now our cities are trying to climb up over the million mark as fast as they can. Name me one of the tendencies of twentieth century life which automatically tends to lengthen life. The dangers of a crowded city would seem to increase faster than the square of the increase of density of population. Think of our tenement districts. Our crowded schools tend to shorten life. Do you remember the reputation of former city water supply? I can remember when the city water supply was about the most dangerous thing there was in a city, but now a city's water supply is a very safe supply. The serious questions of food, the milk, for example, its production at a great distance, its storage, its preservation, its distribution, these are watched and controlled at every point. Forget to apply these regulations for a week and you know what the result would be! And all these regulations which work for safety, all, I say, are the product of scientific research in general pathology in its broad sense. There is indeed a strong tide of twentieth century tendencies in civilization which tend to shorten life by means of disease. Not only that, but the stress and strain of the twentieth century certainly reduces immunity to infection. Add to this the dangers of rapid trains and still more dangerous automobiles and the lowering of our spiritual morale—were the average expectancy of life what it was in 1800 that would be a victory for public health measures. No, my critical friends, if any are in this hall, that which we call "general improvement of civilization" has tended to shorten life, and the very fact that the doctors and nurses have succeeded in lengthening life shows that they not only have stemmed a strong tide in the other direction, but that they have made actual progress and even added fifteen years to the average duration of human life.

But may not common sense, without medical training, claim some of this general improvement? Perhaps, but what? I can imagine a child in Detroit who never saw an apple tree. Give that child an apple and I know it will taste good. So far as that child's enjoyment is concerned, it makes no difference where that apple came from; it may have grown on a tree, or on a bush, or it may have grown under the ground. What does that matter? But as a matter of fact it did grow on an apple tree. Now, there are a great many medical facts which have become public property. The fact that it was a medical tree may have been forgotten; they save life just the same. Now, as regards that general improvement which tends to health, I challenge any person to show one of those advances which did not grow in a medical laboratory.

Problems Emphasized

But to return to our discussion of the problems of communicable diseases, we would emphasize first, that each disease is an individual problem; each is a battle to be fought out individually. The Widal test for one disease proved quite satisfactory, but typhoid fever remains the one disease in the diagnosis of which that kind of test is valuable. We found a preventive vaccine inoculation against typhoid fever. If you were to go to the drug stores to-day you would see lots of such vaccines, yet as a public health measure no other vaccine has proved a success. That is, one vaccine did not help to discover any others. It was supposed when we first had diphtheria antitoxin that we could make

plenty of others in the same way. We have two others, but that is all, and those three are so different in their administration that they present really three different kinds of serum treatment. The point I want to make is that the problems of disease are very, very individual. Each one must be worked out by itself and we must avoid the mistake of adopting too quickly for a given disease any measure which worked well in the case of another disease.

Second, the problem of communicable diseases is more of a community problem than it is an individual problem. While it is true that each individual is to a certain degree responsible, either voluntarily or involuntarily, for his attack of typhoid fever, smallpox, etc., yet the community is far more responsible.

Third, we must understand better the team play between diseases. Diseases often work in teams. Or, if you do not like that figure, diseases suggest the work of a farmer who first ploughs the ground, then harrows it, sows the seed, cultivates the ground and reaps his harvest. So it is in infectious diseases. One may prepare the ground for another, and that for another, etc. In the influenza epidemic we could see at least four waves of infection which followed each other, each preparing the ground for the next. We know that there is a definite relationship between measles, whooping cough and tonsilitis; between influenza and nasal sinusitis; between diphtheria and scarlet fever, etc. We know that whooping cough plays with measles or scarlet fever, and they will either precede or follow it rather than to play alone. In other words, we have to consider the group of communicable diseases altogether as well as individually because they have a regular team play among themselves. Each one seems to prepare the ground for the other.

Control Measures

What can we do to control these diseases? First of all, we can quarantine each person who has the communicable disease. That should be done. It does not amount to much in itself, but we should do it. When I say it does not amount to much, I mean this: that when a person is sick enough to have a well-developed disease, he will go to bed without being told to. Nevertheless, we show our conscience in hygienic matters by the accuracy with which we deal with each outspoken case. You cannot expect us to deal with the atypical cases well unless we deal with the evident cases very well. Therefore, a community owes it to itself to deal with every outspoken case just as well as it can, because then it will be in a better position to deal with those cases which are not as clear. A child with measles has already been spreading his disease five days before the rash comes out. Influenza evidently cannot be spread after the man knows he is sick. Scarlet fever is spread in the very first few days more than it is later, and smallpox, too. The point I am trying to emphasize is that we show our conscientious care of the community by the way in which we deal with the evident cases, because he who deals with the evident cases best will be more likely to deal with the atypical cases better. The real problem in quarantine is the problem of the early and the atypical cases. It is not the child who has scarlet fever who spreads scarlet fever, but the one who has that disease and yet has no fever and no scarlet skin. It is estimated that one-third of all in a given epidemic are such cases. We are more afraid of those children with measles who have not yet broken out and those who do not get measley than of those who do. We know there are cases of whooping cough who are never having to whoop, and it is they who spread the disease. There are many cases of diphtheria, for instance, who have a membrane where you cannot see it, back in the nasal sinus, in the antrum, on the adenoid. They are the ones who do spread the disease. Then, we have the carriers. We have the child who carries diphtheria for fifteen months after he is well. We have the

man who harbors the typhoid fever bacilli for years after he had typhoid fever. Therefore, the problem of quarantine is a difficult problem. We have the atypical cases, we have the latent cases, and we have the cases of carriers to deal with.

What Are Hospitals Doing?

Now it seems to me that the place to begin to solve the problem of child health is in the hospitals for children. It is there that we can set the example to the community. It is in the hospitals for children where the nurse and the future doctor learn how to take care of communicable diseases. Are they doing it? Not very successfully. We doctors should take the blame. Some twenty years ago we decided that a hospital for children was a little more dangerous place for the child than his home was. Of course, you remember the wards for cases of Neisserian vaginitis, and you remember the other infectious diseases which developed in the wards. We have a good opportunity there to prove our sincerity. When we studied this problem in Europe before the war we found, and we believe that our data was correct, that in those hospitals they had only one epidemic in seven years. The majority of American hospitals have three epidemics in one year. Why should it be one in seven abroad? Why should it be three in one here? Why should the incidence relation be as one is to twenty-one? Is it the construction of the ward? That has only a little to do with it. The trouble is that we Americans depend too much on machinery. We expect the hospital wards with their marble walls, terrazzo floors, glass partitions and separate invidual outfits for every child to prevent epidemics. That is all right, but the human element is more important. I remember the old hospital in Vienna which was about as poorly built as any hospital I was ever in, but I do know that they had over every bed a definite statement of the communicable disease each child had and had not had, and woe betide the doctor or nurse who let two similar susceptibles lie in adjoining beds. Whenever a case of communicable disease developed they reassorted the beds so that a case of scarlet fever, *e.g.*, would be surrounded many deep by those who had had scarlet fever. But, in these hospitals abroad I found that which I do not find in America. I found the greatest care in the admission of patients. It was the superintendent of the hospital or the chief resident physician who admitted the children to these European hospitals. In this country we let the internes admit the patients. If an European interne allowed a suspect to get past him, I know that he was punished, and I know that his punishment hurt. And if an American interne lets a suspect get past him it is a matter for a joke, and that is all. Of course, our American hospitals have their observation wards. That is another misplaced confidence in physical equipment, when we remember that children with chronic surgical troubles are more likely to come to a hospital during the prodromal period of measles or whooping cough or something else than at other times. For illustration, little Mary has a club foot, or a bad hip, and the mother knows she ought to be taken to the hospital some time, but keeps putting it off. Pretty soon Mary begins to complain of sick headaches or sore throat, and the mother says, "I must take her now." So Mary is admitted to the surgical ward and soon a rash appears. Every child admitted to a children's hospital should always be under suspicion, every one of them. The most important thing in controlling the communicable diseases in hospitals is that the one who admits the patients must know what the dangers are concerning each patient's admission. When we remember that the incubation period of whooping cough, that is, until the first characteristic whoop, is about twenty days, the incubation period of smallpox at least twelve days, of mumps perhaps twenty-one days, of scarlet fever at least seven, of typhoid fourteen days; when you remember the in-

cubation period of the communicable diseases and add to this the prodromal period, which usually is misunderstood, and which ranges from fourteen to twenty-one or twenty-five days; and then when you remember that the average child's stay in a children's hospital averages only twenty-one days, you will see that it is perfectly absurd to talk about observation admission wards, because 75 per cent of all the children, except those with orthopedic diseases who average three or four months, would have to be there all the time. No, your whole hospital (except for the very long boarders) should be an observation hospital for every case and every day. Then you must watch the mothers with other children at home, visiting their child there with infection on their clothes. You must educate them. Build your hospital of the best material, on the most approved plans, "organize" it wonderfully, and yet the important factor in its success is that human element. Who admits the case? Is each performing his duty all the time? The nurses observe their duties a great deal better than the internes do, for the interne "feels his authority" since contagious hospitals to-day are so glad to get him. That is the real difference between the European hospital and the American hospital: obedience. Americans are unwilling to obey petty rules of technic and the problem of controlling communicable diseases is after all one of obedience. But unless our special hospitals for communicable diseases set a better example we can expect little of the public.

Public Schools as a Strategic Point

Another very important strategic point in the control of communicable diseases is the public school. I know it is a strong statement, but we feel that the public schools are responsible for the majority of our epidemics of communicable diseases. We crowd them, two thousand children under one roof, and yet the incidence of a contagious disease and its severity increase the more crowded your susceptible population is. It would seem that if you double the population of school children in the same area you almost quadruple, not only the incidence but the severity of the diseases developed there. Another thing is that the children in schools all are just about the same age, and we know that susceptibility to a given disease is a definite age problem. If you have a lot of children of one age, there is more danger of the spread of disease than if the children are of all ages as they are in the tenements. Then we should have school doctors who know their problems and are not appointed by a mayor. We should have a sufficient number of school nurses. Since it is perfectly true that in the schools you cannot consider a child is guilty of a communicable disease until you can prove it, that is, until you have seen the rash, we must find means of catching the cases earlier. It is harder in school than it is in a hospital to refuse doubtful children. Nevertheless, if we can only locate the susceptibles, as we can now those susceptible to diphtheria and scarlet fever, we have gone a long way. Also we must not let the "cured" case return too early. And most important, we must take care of the children who have colds in the head and sore throats. The American law requires children to go to school, and it is right; do not understand anything I say as criticizing enforced school attendance; but if we require children to go to school, we at least should protect them when they are there, and that we do not do.

I am told this is a fireproof building. It looks like one. But the majority of the school buildings are only "slow burning" structures. The politicians may argue that since children have to go to school, why spend a great deal of money in making a building fireproof? I will guarantee that in the same cities where they have the slow-burning school buildings there are plenty of palaces of amusement where the children learn the evils of life which are far better fire-proofed than the schoolhouse where they are sup-

posed to learn the better things. They have to go to school. They do not have to go to movie palaces. Since we require children to go to school the child has a right to demand that he be protected from disease while he is there.

Methods of Solving Problems in General

Now, as regards these problems in general. First, we should remember that education is in the long run the only way to solve these problems. This means the education which we doctors must give, which you public health nurses, you Red Cross nurses, are doing so efficiently. Our medical schools are only just now beginning to teach medical students public health, and yet these future doctors must educate the nurses and the nurses must educate the public. We should so organize our hospitals that they will set good examples; we should teach in every possible way. We do not need more laws concerning health. So far as public health is concerned I do not believe that we should try to pass any law before the majority of right-minded citizens is so well educated that they would obey it even if it were not a law.

Second, we should have our public health officers trained for their work. This means that a doctor who is not yet busy enough to support himself by his practice and who for a small salary is glad to serve as a public health officer is the one we do not want. We should remember that public health and preventive medicine are general medicine *plus*, and it is only the best men who should go into public health work. Then, we should teach the public just what the one thing necessary in each case is. A general fear will defeat its own purpose; a specific and enlightened fear will protect. There usually is one thing that is necessary. There was a time when we were all afraid of malaria; now we fear and fight a mosquito. Not any mosquito, but one mosquito. If we control that one there can be no malaria, and that one we can recognize across the room. There was a time when we were afraid of yellow fever. It was a curse from God. But now we know that it is only one mosquito that is to blame, and we can recognize him also across the room. There was a time when bubonic plague was a terrible curse, but now we know that it is spread by one miserable flea. Control him and we control bubonic plague. There was a time when we were afraid of typhoid fever, but now all that we have to be afraid of is sewage in the wrong place. There was a time when we were afraid of tuberculosis; we thought it was the lot of man; but now we know it is because some men are filthy and careless, or cough without putting a handkerchief before the mouth.

Third, the next thing we should avoid is the appearance of truth. The Bible tells us to avoid the appearance of evil, and we should; but in medicine we should avoid also the appearance of truth. Oh, there are so many things that we do, or go through the motions of doing, which amount to so little, and yet give us a false feeling of security. This fumigating of houses is a perfect joke. Now, mind you, I am not talking about the theory behind the thing; I am not talking about the way it is described in the books; I am talking about the way it is done. Then, there is this question of water filters. They usually are worse than none at all. We wore masks during the "flu" epidemic. Oh, we went through the motions, yes, we had the appearance of safety, but I think they merely spread the disease. The most of our vaccination with bacteria, with serums, how absurd some of it is. How fine it would be if well done. We go through the motions, yes. We should avoid the appearance of truth, the appearance of safety, and should really do what we do well.

Finally—A Community Problem

And finally, it is a question of arousing in the public a realization that health is a community problem. If I want my children to be well, I must try to keep my neighbor's children well.

Where did my boy get diphtheria? I don't know; probably several days ago from some boy he may never have seen. Where did that child get scarlet fever? Nobody knows. That happened from seven to twelve days ago. Why was it that a Prime Minister of England is said to have lost his daughter, his only daughter, from typhus fever? Typhus fever, the very name of which suggests filth and vermin? It was because a poor seamstress took the unfinished opera cloak home with her to the East Side of London in order to finish it on time, and threw it that night over her sick sister's bed, and delivered it next day to the daughter of the Prime Minister of England. The truth is that if you want to stop typhus fever for yourself, you must stop it for all. One man makes a mistake on the Pacific coast and seven men die on the Atlantic seaboard from botulism. Why was it that in Washington they found so much disease among the wealthy? Because there was so much disease among the colored servants in the alleys between the boulevards. If those who are wealthy wish to be well, they must first see to it that their servants are well, too. Now, the public is perfectly willing that we should "swat the fly"; that we should fight the rat; that we should vaccinate the cow, etc., but when we talk about vaccinating his child, he does not yet see it. There is a question for education. If I want my children to be well, I must see that my neighbors' are well also. I am my brother's keeper and his children's keeper too, but the public will see this only when we educate him, when we teach the parents that every case of communicable disease means that somebody has made a mistake. That can only be done if you and I educate the public so that they can see the importance of communicable diseases and the way to control them.

RESPONSIBILITY OF THE UNIVERSITY SCHOOL OF NURSING*

Mrs. Bolton's inspiring address is printed in full in the August issue of *The American Journal of Nursing*, but we are printing some excerpts—endeavoring to bring out a few of the many points of special significance. We realize that these can, however, give little idea of the remarkable and intimate understanding of our ideals, problems and hopes which the address made evident—and the charm with which it was given.

TWO university schools of nursing have sprung into being since the last national nursing convention. Very quietly two great universities have welcomed the profession of nursing and have taken the small-seeming yet infinite step which marks the beginning of a new era and consummates the dreams of half a century. Nursing training has come into its own and has taken its place in the field of education.

Mrs. Chester C. Bolton

As we step over this threshold of opportunity, it behooves us to take an accounting, to analyze our hopes, to face our responsibilities, not because these have changed, but because they have deepened and broadened and heightened. The increasingly heavy demands of institutions and communities for nurses and for good nurses have made a situation that unfortunately has not simplified the problem. In order to secure numbers, compromises have been made on every hand, and these compromises have, in a measure, defeated their own ends.

The university training school is the direct and definite answer to the problem—how to secure the interest of the very finest women in the country in nursing. By placing nursing training in the educational field it immediately becomes of new interest to the young woman seeking to prepare herself for a broad life of self-dependence and service, whether she chooses a university school of nursing or a regular hospital training school. If she chooses the regular hospital school she will seek out the one whose standards approximate most closely to university standards. Further than this, training school committees and hospital trustees will realize that only a well balanced basic training will bring them the greatly needed students, and the community will see that such standards of training alone will protect it from inadequately prepared nurses.

What is the human material coming to modern training schools? Half a century ago the women who went into nursing were of mature years, with an understanding of life, its complications, its possibilities. Their bodies had already been through tests of strain, their minds had met disillusion, their hearts had experienced both sorrow and joy. They took up nursing because they had learned to value human life. To-day the student nurse is still in her teens, her body is in the process of maturing, her mind is but

* Presented at General Session, June 18, 1924.

beginning to find itself, her heart is still in a state of emotion. She is wholly inexperienced, life looks very wonderful, rosy, filled with every brilliant prospect.

Youth is a fervent, vital, thrilling time, but it cannot evaluate life and service. Its ideals are in the clouds, its feet have not reached good mother earth. What must be a part of these years of training to protect the girl and to return her enthusiasm and her desire into the right way?

First—She must be given certain ideals for the understanding of positive health of body, mind and soul, and those ideals must be made so practical that they become a *modus vivendi* as well as a norm by which to judge deviations. Second—She must learn to value human life and to appreciate the privilege of service.

To make these things possible, her education must be based upon what the community expects her to know rather than on what any particular hospital can give her, which involves living and working conditions that will enable her to build up proper habits of study, work and play, with protection against too heavy responsibilities before she is prepared for them. And further than that she should be taught to appreciate that all this is justified only on the assumption that it will enable her to render more worth while service.

Concerning positive health, only very recently has there been intruded into the minds of certain medical groups the idea that the future medical school must offer its students the opportunity to study and practice health principles and function. The public wants health, and its demands are growing more and more insistent. Especially is this true of women, for their function is to bear children, and they want healthy children. Woman wants knowledge, not of the abnormal, the diseased, the evil, but of the laws that govern health and happiness. Man by his nature is a fighter and the crisis towards which he moves is death, either for himself or for the other fellow. Woman in her nature is the creator, and the supreme experience of her life is birth—so her demand for a better understanding of life is one that cannot be stilled—nor can it be satisfied with panaceas. Is it not time that health be made a subject of intensive study and that a definite application of its principles be made possible to all men and women?

If there is any one group of people more than another that should radiate health it is nurses. To my mind one of the first responsibilities of university schools as standard making bodies is to change the attitude of all concerned toward this matter of health. The first step in this as in all things is to do away with ignorance and in its place to put, not only knowledge of health principles and law, but the demonstration of these by every student and every nurse twenty-four hours a day. This is not an easy matter, for it requires teaching for which few are prepared.

A practical working knowledge of the natural laws of internal cleanliness, circulation, respiration and their daily use, combined with an understanding of and obedience to the laws of the interrelation of mental and bodily function, and a realization of the limitless possibilities for self-control, self-development, self-mastery, that is the background necessary for health, that is what we want for the student.

In order to accomplish all that we want through this education for health it must include the *practice* of the principles involved; bodily function, mental development and character building. "Character," says Stanley Hall, "can be defined as muscle habits." So by beginning our teaching with the body structure and function, applying these same great principles to the mind and through both to building character, by giving them such knowledge we shall be protecting them from themselves and from the temptations that freedom from the usual restraints has involved them in—and we shall be giving them a vision

of the sacredness of that which we call life.

Because our students to-day are so young it is clearly our duty to counteract the effects of their contacts with the results of the misuse of function by giving them a vivid picture of the results of right living, right function and a real capacity for happiness—that they may find knowledge.

The actual educational responsibility of the university schools of nursing can scarcely be overestimated, nor the extent of their influence upon other nursing schools. Curriculums will be based more nearly upon what a nurse should have as equipment rather than upon what any one hospital is able to give her. The Boards of the hospitals giving the practical training will make superhuman efforts to secure the funds necessary to the proper balance of the student's work, once they see the need.

The primary cause behind all medical and nursing schools, the *raison d' etre* for all hospitals, is the poignant need of suffering humanity. Each hospital makes its particular contribution, but those that are definitely teaching institutions assume an added responsibility for they must set standards, they must be the living examples of all that is best in medicine, surgery and nursing.

This constitutes a dual problem; adequate care of patients and balanced training for the students, and if either has to be temporarily held in abeyance, it *must* be the student's training. It is in the nursing department that the dual problem is most acute. But with the assertion that a university school of nursing makes nursing training an educational matter comes the necessity for enough supplementary nursing service in the hospitals involved to do away with the overuse of the student.

Nurses have developed a wonderful *esprit de corps*. Can you not pass on to us some of the fruits? Will you not consider, among other matters requiring your deliberations, whether you cannot find a larger development for the future of your profession through a greater intimacy and an actual working hand in hand with the steadily increasing numbers of sympathetic and educated laity?

In closing I have only a word to say in the matter of responsibility that these new schools recognize to the community at large. As I see it, it is twofold. The first consists largely in those matters we have discussed: the selection of the best human material, safeguarding them, developing them as human beings and assuring them a truly sound fundamental training in those essentials of nursing that are generally termed basic, that they may be truly fit to go into the community as women trained in the care of the sick. Finally, it would seem that university schools of nursing have a definite responsibility and a somewhat unique privilege in the matter of interpreting nursing, not only to the student nurse, but also to the community, that there may be brought about a more general understanding of what nursing is, its ideals, its aims, its principles, its opportunities.

The Department of Nursing Education of Teachers College, Columbia University, is announcing a new three months' course of rural field practice with college credit. A limited number of scholarships are available covering all expenses, including living. The course is open only to nurses meeting the entrance requirements of the college who have covered the basic theoretical work given in an accredited course in public health nursing with approved practical experience. The rural field work will be under the supervision of Miss Jane Allen. Applications should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.

MEETING THE DEMANDS FOR COMMUNITY HEALTH WORK*

By Haven Emerson, M.D.

Professor of Public Health Administration, Columbia University, New York.

IT IS no wonder you are worried, you who have so stirred up matters that there is no longer any peace in a community until your demands are met. Here you are, the chief conspirators, the promoters of revolution, the relentless hobbyists who see, as in a vision, a new world full of health and happiness. How can your queries be answered until you yourselves tell us the full extent of the demands you have created? Set up your standards, expose your entire bold conspiracy against the complacent world of semi-demi-sickness and then, and not until then shall we know the answer to the query of the title.

True, you will say, we must declare our aims before we can ask a solution for our dilemma. But even so, are you yet prepared to put the question? Suppose there should be among you unanimous agreement as to program, and proportion in the rehabilitation of feeble-minded and frail-bodied families, could an answer be forthcoming until you have revealed the personalities of your several communities? Communities differ as much as individuals in their resources and desires and health.

What is a community? A body of persons with common rights, privileges and interests, the whole body of the people. Many a great city is but an aggregation of but partly self-conscious communities.

What then, is this demand we are soliloquizing about to-day? Is it an asking with authority, the desire to possess, or merely an imploring, an entreating, a craving, a questioning?

Rather is it the former, the asking with authority of a body of persons with common rights, privileges and interests.

Among our common privileges for which other and bloodier revolutions have been won are those of equal rights in our own religious faith, then justice under the law, and third in order of sequence in our country came the universal freedom of learning. Last has come, and I will not deny it may have been in the right order, the conceptions of the students of the natural sciences that the birthright of health should be universal, and as sacred under a social contract as religious belief, fair play and a common school education. Perhaps in demanding health we have as it were inadvertently proposed to complete the fourth and sunniest side of the indispensable mansion of our society. Is not health after all, the material bodily and mental expression of faith, justice and knowledge, and essential for the complete enjoyment and practice of the other three?

Surely those who have mastered the merest elements of knowledge in the realm of biology, the mutual relations of living matter, have earned a faith in science which supplements without conflicting with the conviction that the Golden Rule must be the law of the social relationships of man.

Let us for to-day at least play the rôle of citizens of the New World not only in name and spirit, but in thought and conscious effort. It is within our power to make good a declaration of independence from disease not less certain of success than was that, which has until now secured for us a measure of religious, civil and educational freedom, thought to be quite visionary little more than two centuries ago.

* Presented at General Session—Meeting the Demands for Community Health Work—June 20, 1924.

As William James taught, in his inspired arguments for the value of struggle, the need of combat every day offers us a new level of departure and we can climb ever on the back of our own accomplishment.

In no way has this been more clearly proved than in the story of science. We are, as it were, here in the fullness of our years and maturity chiefly because of the lives of childhood that have been spared.

The story of the transformation of life, from a brief, constant hazard with death to a generous security in living, which nowadays more commonly assures us grandparents and family groups, with all the seven ages of the melancholy Jacques represented around the table and even on the playground, gives us confidence in the safety and certainty of our applied sciences.

We can now ask for living health with authority because the slow process of education has brought understanding of cause and effect of sickness and its prevention into school and shop and workingmen's homes.

The Three Great Words

Are there not three great words given to us to conjure with, like those which were the slogans of the French Revolution? Communicable, Curable, Preventable, are surely the by-words of our modern *magna charta* of health. By these shall we test our demands, and our successes.

When King Edward of England asked the thrilling question, "If tuberculosis is preventable, why is it not prevented?" he gave heart and courage, and put a quality of definiteness into the health workers of England which has played no small part in the meeting of demands for health.

Physicians of the hospital staffs have begun to look beyond their four walls to the sources of sickness, to the home results of treatment in ward and operating room.

Social workers of the relief agencies have become acutely interested in the biology of disease, the technique of nursing, the reason of rickets, the origins of poor bodies as well as in the justice and necessity of supplementing family budgets and reconstructing of families out of broken and scattered fragments.

Nurses of the health agencies have begun to see that neither control of environment nor sanitary policing of smallpox will bring all the blessings of health.

All of us have accepted the answer of the school teacher, the nurse, the social worker, that health means a personal understanding of life in home, shop and playground; and interpretation of science in the words of the kitchen, the sitting room and the boys' club.

To attain our ends for the community there must be mutual enlistment of formal and official coöperation among the professional bodies concerned.

Undertakings in the public interest will be by physicians, nurses and social workers together, not in competition and rivalry. Every county medical society should have contact through a committee on public health and civil policy with each of the associated professions dealing with health and its protection, sickness and its care.

The objective of our present social effort is the family, its protection for the sake of its endurance, the continuity of its career.

This has been more advanced by pushing up the average span of life, or life expectancy, from forty years to fifty-five in the past sixty years in the United States, than by any other particular accomplishment. We can attain another fifteen years in the next five decades if we determine to.

Our whole social order is wrapped up with the problem of physical and mental growth and preparation of the child for work when matured in body and mind. Without our advancing expectancy of life we could not look forward with any confidence to a still more generous program of social progress.

In the progress for health we have seen that bacteria are not influenced by creed or superstition, that vitamines

are as essential to one race as another, that disease and poverty and crime are international, that health is incompatible with social and industrial disorder, and that these are often symptoms in their turn of physical and mental instability of a people. We are seeing more clearly each day that the international war on disease and common attacks on injustices and ignorance are the only aggressive campaigns we can honestly take part in as active combatants.

The War upon Human Wastage

The object of a welfare federation, a community council, a health association, as I see it, is to provide the general staff and the members for a perpetual and perennial, an annual, and a seasonal war upon all the preventable causes of sickness, death, and dependency, and to see that the strategy of the attacks is not disturbed by confusion and contradiction in leadership of divisions, and the reports of results are not distorted in the interest of favorite sons or aspirants for publicity honors.

The general staff of any useful army must have, as well as full knowledge of its own resources, all the facts about the enemy which its intelligence service can provide.

In this war upon human wastage the community health agency is the conscience of the community in matters of public service to the sick and poor. It is to all intents and purposes the cabinet of the unofficial government of the city, supplementing the official government with quick resource, with experiment, demonstration, and unselfish non-political public work.

As long as we have chiefly amateur, untrained, and uninformed city officials, as is so often the case throughout the country, each community for its own protection, for its own self-respect, for the sake of the unfortunate and disabled, will need a permanent body representing a sound policy of preparedness for health, of scientific salvaging, of tender consideration of those caught in the relentless pressure of competition and handicapped by a weak inheritance.

A community health agency or council cannot fail in its project of adequate public service, neighborly help, and prevention, as well as cure of distress, if we think in terms of the family, not of the organization, of the functions, not the personalities of institutions, of future needs, not of past accomplishments.

Look at your whole community as a living human creation built upon all the people and rich in the multitude of races, creeds, and industries which constitute its wealth, and put before this great family its needs and the plan of meeting them which will involve every resource and interest capable of unselfish use.

Translate the resources of science into the terms of individual effort. Make it your ambition to meet the demands for community health work by creating such knowledge and determination in all members of a family that they will themselves seek and pay for the health within their reach. Health, like any other good thing, cannot be attained passively or by proxy. The slow, relentless pressure of precept, and example, teaching, and persuasion will ultimately create so great a demand that nothing less than personal initiative will satisfy your particular community in meeting its health needs.

Public Health as a Private Matter

The demands of a community for health will never be met wholly or indeed mainly by corporate effort or through the agents of organized public or volunteer services. Public health, so called, is at its present level almost exclusively a private matter, and the legitimate desire for it must be expressed by actions on the part of the individual. While there will always be need of engineering and inspection services for the protection of environment and the safeguarding of the wholesale aspects of water, food, and human wastes, and while much remains to be done to secure air indoors and

out as pure and safe as our water supplies generally are, the provision of new or additional public bureaus or departments are probably not required. There are at present generally sufficient authority and facts upon which good public service for sanitation can be based.

What can never be met by public administration for sanitary environment is the conduct of affairs in the household. Again we come back to the direct personal responsibility of the housekeeper. What happens to the bottle of milk after delivery? How are the dishes washed in the kitchen sink? Who uses another person's face towel in the common bathroom? These factors are likely to be of more importance in the future than the particular type of settling filter or holding pasteurizer approved by the Department of Health.

Meeting the needs in the field of sanitation will follow our understanding of the effect of personal conduct of the affairs of daily life in the family.

In the realm of vital statistics it is the parents and their children who are most concerned with the accuracy and promptness of birth report, of notification of communicable disease, of the truth and completeness of death returns.

It is not the mayor or the health officer who loses his inheritance if a birth is unrecorded, nor the wards of the cities' institutions who suffer when a case of scarlet fever is not reported.

Likewise, in any and every field of health endeavor, it is the individual, not the public, whose concern is greatest. Granting for convenience that every demand for health is reasonable, and that for the moment we are aiming at an expectancy of life of a little short of seventy years which we can attain during the next half century, how shall we meet the situation?

By the full use of at least three chief resources:

Official tax supported health services.
Private health agencies.
Individual effort guided by paid professional advice.

The first 200 years, 1700–1900, of community health in this continent was limited to one man, official police, or quarantine and sanitary control of the communicable diseases. There was nothing done by the community but pay the bills. Authority, law, police power, were used for the community by its paid agent, the health officer. Under such services the death rate was cut in half and the diseases due to pollution of water and foods by human wastes were greatly reduced.

The next twenty years, 1900–20, saw the development of small groups of fanatics, crusaders, disciples of practical science, causing a ferment of interest by means of education in the meaning of the great work of Pasteur. Tuberculosis, communicable, curable, preventable, became the opportunity for participation of all the community in its own salvation.

A method was found and its application soon made to the other fields of preventive medicine, control of infant mortality and protection of maternity, school medical inspection and supervision of the pre-school child, social hygiene, cancer control, mental hygiene, prevention of heart disease.

Here then we had at the same time both the creation of a demand and opportunity for action, but still chiefly by groups.

Competition and rivalry in methods, resources, and accomplishment became as keen as in selling soap or advertising toothpaste, and a multitude of trademarks for health were all but copyrighted. A person could be healthy according to only one kind of propaganda at a time or he was disloyal. Specialization was rampant in health as in disease. Truly an era of artists in enlisting the public interest and opening the community pocketbook. And still the answer to every new desire was a new organization. If it is worth doing, let us get a budget, a secretary, an office, a slogan, an emblem, and quickly banish some particular brand of misfortune.

The health agency became the glorified George of the community upon whom we, as individuals, put the burden of giving us health.

Then a couple of years ago a vision appeared simultaneously it seemed to physicians and nurses, and health workers of all brands, which struck a spark so bright that its burning has carried on with increasing strength and is steadily growing. Perhaps I should say there were twin lights in this new beacon of progress. One was Generalized Nursing, the other Periodic Health Examinations, both the development of an experience in the various special fields of health effort that the family is a unit as a health problem and that medical diagnosis of health is the foundation upon which prevention of disease and defects depends.

The demand of the community for health was never before more consistent or continuous, from pre-natal period to the age of grandparenthood, but the community is still thinking of health as some impersonal attribute which comes chiefly through being deprived of all the so-called good things of life.

This demand of the community must first be met by resolving it into its component parts and putting each one squarely on the shoulders of the individual.

And yet to see the job in its entirety we need a central council, a federation to serve as general staff to guide the attack and furnish a plan.

Pasteur said: "Democracy is that form of government which leaves every citizen free to do his best for the public welfare."

Community health service is as fine an expression of democracy as awaits us in any field. Our contribution will be measured by individual as much as by group action. Group action will be of value in proportion to its education and encouragement to the individual to search for and support health for its own sake, for himself, and his family.

Individual and Group Action

Let the educator of nurses make a citizen out of her pupil who may be trusted with civic as well as with personal duties for health.

Let the private duty nurse use her every opportunity in the sickroom to assist the family to an understanding of self-supporting medical and nursing services for personal health.

Let the public health nurse be the universal medium through which every family at its own request, and chiefly at its own expense, will be taught all they can understand of the natural sciences upon which human adaptation to congregate existence depends.

In these ways, rather than by more numerous and more costly public and private health agencies, will the demands of the community for health be best met.

Let us agree then that among the ways of answering the title which you assigned to me we may with advantage:

Act in health services through a central directing group which will be so constituted as to be regarded by the public as an unofficial cabinet of the community's government.

Make occasions for joint undertakings instead of seeking opportunities for separate rivalries.

Stop duplication of effort and expense, through such devices as districting for hospital and dispensary work and generalizing the visiting nurse service.

Replace action through sentiment and superstition by a scientific point of view bred of incessant and repeated self-analysis by the health agencies of their programs and results.

Introduce into all schools such education in biology and human relationships as will fit children for life as well as for earning a livelihood.

Make health service at least as nearly self-supporting as sickness service is.

Teach the individual to assume personal responsibility for his own and his dependents' health.

MEETING THE DEMANDS FOR COMMUNITY HEALTH WORK

By William J. Norton
Secretary of Community Fund, Detroit, Michigan

I SUPPOSE I was selected for a place upon your program partly because Detroit is my base of operations and I was therefore an easy victim with no good reason for escaping a call to duty, and partly because I am one of those necessary evils in your scheme of things—a person who by carefully nursing the generous instincts of reluctant citizens contrives to coax them into parting with a little of their spoils of battle. It does not take much imagination to regard a community fund as a certain kind of highly specialized prenatal clinic. At any rate we have a common ground of understanding in the symbol of the yawning pocketbook.

Yet as I have followed your program this week, and as I have listened to the two masterly addresses that have just been made, I have wondered if some other person than myself would not have been a better choice for this meeting. The truth of the matter is we speak different languages. You are tremendously professionally conscious and I live and operate on the far-away plains, outside the protective walls which you have built around the magnificent city of your professional requirements. You and I look at the matter before us this morning from quite different observation posts, widely separated from one another.

A teacher friend of mine puts the case in the form of a modern parable. A little boy came daily to school so dirty and smelly that he was offensive to the whole class. His condition became a public scandal in the school and at last in desperation the teacher wrote a note to his mother as follows: "Ikey smells."

When the bell rang next morning Ikey appeared as odoriferous as ever and handed the teacher an answer to her challenge. It read: "Ikey ain't no rose. Don't smell him. Learn him."

The moral to that parable is this: When the teacher determined to replace Ikey's program of dirt with her own program of cleanliness, she assumed that the desirability of the change which loomed so simply obvious in her own mind, would loom equally clear, equally obvious and equally large in that other mind to which she must appeal for results. So she merely sent word that Ikey's condition was an insult to the olfactory sense without attempting to explain the unfavorable consequences to Ikey which might flow from his condition and in particular the disruption of the learning business which resulted from Ikey's anti-roseate condition.

That parable and its moral then make up the text of what I have to say to-day. We are considering how to meet the demands of community health work. One of the essentials is funds with which to pay the bills. And the most vital requirement in securing those funds from any source whatsoever is an educational program of what the demands are and how they are to be met, addressed to the public not in the technical jargon of medicine, not in unexplained conclusions of those engaged in the healing arts, but in the simple argumentation from cause to effect that is used by the straphanger and the man on the street.

Four Avenues of Revenue

In general we have four major revenues from which any social program may be financed, tax moneys, voluntary gifts, earnings from endowments, or accumulated property, and payments made directly by our clients for the service rendered by us to them. Each of these sources of support originates in the first instance with the

* Presented at General Session—Meeting the Demands for Community Health Work—June 20, 1924.

public. The decision as to whether the yield from all of them or any one of them shall be large or small for any given program, rests almost entirely with that public. Incurring a bill for service, voting a tax, or making a gift, are matters of action by countless individual units who make up that public; and action in such matters seldom occurs without friendly belief, faith and conviction.

The first suggestion I would make then is this: an amount of skill, time and energy equal to that put into analyzing needs, planning programs, and developing technique, shall be put into interpreting needs, plans and treatments in ways that will arrest attention and carry conviction to the public.

Support Depends upon Skilful Public Education

Support depends upon this; intelligent, moral and financial support, which are necessary forerunners of accomplishment of the purpose of meeting community health needs. There are many reasons why it is much more important to-day to develop a highly skilful public educational process than it was ten years ago. Two of them will suffice to illustrate the point.

In the first place the public health movement has become a highly specialized, a professional field of endeavor. The growth of professionalism while advantageous for service and conditions of labor is disadvantageous for interpretation and understanding, and enthusiastic support. When a group builds a wall about itself, a cohesive unity within itself, it gains better wages, shorter hours, more skill, and greater dignity for itself; but it also creates a dialect apart from the common tongue, and an exclusiveness that removes it from the old simple relationships it previously enjoyed.

It is extremely easy to become so self-conscious, so self-centered and so independent, that antagonisms and suspicions are created to replace friendships and appreciations. We see this change of attitude on the part of the public on every side, with organized plasterers, and carpenters, with lawyers, with medical men, and with many other groups in society. And the result of that attitude is that the public uses those groups just so much or rather so little as it is compelled to use them and not a bit more.

When professionalism grows, therefore, it is imperative that more and more attention must be given to interpretative processes. A professional group talking daily in its own circles, using words of its own creation, moves on a tangent away from the thinking and expressions of the outside world. It finds greater and greater difficulty in expressing itself to the common man. It becomes like the stutterer who tried to buy a railroad ticket. He took his place in line before the ticket window and finally worked up to the head where he confronted the impatient seller.

"Where to? Where to?" demanded the ticket agent.

"To—to—to—," said the stutterer.

"Move on. Move on," demanded the agent.

The poor fellow went to the foot of the line and began again, at last working up to the position at the window.

"Where to? Where to?" bawled the agent.

"To—to—to—," replied the would-be traveler.

"Move on. Move on," demanded the agent.

A third time the stutterer tried with the same result. Then he went back in the station and sat down, where a friend presently located him, unhappy but still determined.

"Where are you going?" asked the friend.

"To—to—to—to Syracuse," stammered the stutterer.

"But the train goes in a minute. How are you going?"

"By—by—by—freight."

"Why by freight?" inquired his amazed companion.

"Be—be—cause—I—I can't express myself."

A professional program that is sold to the public in technical terms or by indifferent methods is a stuttering program that is going to its destination by freight and not by limited trains.

The Question of Competition

The second reason for better, more understandable interpretations, lies in the constantly increasing competition for a share of men's minds and their money. Stop and think for a moment of the multitude of new devices which have come into use in this generation and that are crowding in upon the human mind to demand attention besides all the old things. We can mention only a few of them, automobiles, phonographs, moving pictures, airplanes, washing machines, vacuum cleaners, and permanent waves. Along with these have come an army of new salesmen, a formidable array of new selling methods and the rise of advertising into the position of a dominant, new and arresting art. I am sure you will agree with me as a matter of therapeutics that it is fortunate the human mind is made of rubber, capable of bounding away from the countless blows that are struck upon it in attempts to penetrate its consciousness.

Yes, your programs are up against the keenest competition the world has ever known. They are not only competing for attention and interest but also for the share of the national income with which they must be supported. If the piano salesman, the credit jewelry man, the book agent, the real estate dealer, and the oil stock artist get to the prospect first with prettier pictures, better stories, and propositions made easy to assume by a world of new credit devices, you may expect short shrift when your turn comes. For the average pocketbook is a circumscribed instrument, which after these gentlemen have finished with it, usually has a lean and hungry look. And bear this in mind, the competition your programs are facing is only the beginning of what is to come. It increases in steady progression year after year.

All Public Health Workers Evangelists

In view of these considerations, which I assure you are not figments of the imagination, but facts as hard as cannon balls, it becomes almost imperative that every public health worker, every nurse, every doctor, or every administrator, must be more than a public health technician. He should also be an evangelist, diligently preaching a gospel, a gospel that is not a technical jargon, or a Latinized physiological conclusion, but a simple human message that deals with elemental human needs, and rings with the note of hope for an overburdened human frame and soul.

Analysis of Financial Support

Your financial support, as I have already said, comes from four general sources, the earnings on endowments, the voluntary gift, the tax dollar, and the payment of fees by the recipients for service rendered. The proportion which these different sources bear to the total support are at present about as follows: endowment earnings, 5 per cent; voluntary annual gifts, 15 per cent; tax funds, 30 per cent; and client fees, 50 per cent. It is my general belief that the programs we develop will be written into general public acceptance more quickly and more permanently if they progress through all of these means of support in the order of these proportions. Endowment funds should be used as nurseries for new ideas, places of experimentation and trial and training. They are most easily controlled for those purposes. They are least susceptible to the influences of prejudice and misunderstanding. Yet they are always limited in amount, and no project after it has been relatively proven should be permitted to rest long in the endowment column. It should be moved out into the field of voluntary gifts where it is beginning its career of popular acceptance and the endowment field should be cleared for a new crop of experimentation.

The voluntary gift is the place

where the program is acquiring those elements of good will and belief which it must acquire if it is some day to become a popularly accepted plank of our common life. But it ought not to remain forever there. Revenues from voluntary gifts are also limited. We have seen a tremendous expansion of giving in recent years, and an enormous growth in money raised, because of the use of principles of mass organization and of education. Nevertheless, there is a definite limit to this form of support in any place at any time, and that limit has already been reached for the present in many places. We cannot afford, therefore, to congest this source of revenue with old and stagnant projects, if we can move them on and make room for the oncoming pieces of work, which are becoming ready for popularization. Let us move them on when they have been accepted by the people as necessary to the two other sources of revenue—taxation and client earnings.

Many people would stop with taxation and support all or as much as possible of the public health from taxation. I would not, for the simple reason that the available tax funds are also limited at any time in any place and that limit has been approached in many places to-day. The American philosophy will not tolerate too much taxation. American life is founded on a non-paternalistic philosophy. There is great and growing competition for tax funds also. I would therefore place on the tax roll only those enterprises which deal with clients who cannot afford to pay their way and those projects which operate in mass action or in such a way that they cannot be paid for as service rendered. And I would eventually turn as much as possible of my public health work and all other philanthropic work into the channel of self-support where each recipient of service would pay for what he gets. I would do that because here only is the supply of funds which is governed only by natural law of supply and demand.

Natural and simple illustrations of what I have in mind are the tendencies now prominent in public health nursing service to create a paid hourly service for the general public and to make corporation contracts for service to special groups of clients. We will admit that the establishment of these enterprises and the promotion of their satisfactory use are difficult. The difficulties, however, do not differ in any degree from the difficulties that confront any service that is useful to the public. They merely emphasize what I said in the beginning, that better selling methods must be written into public health programs if they are to come into widespread use.

Conclusion

And that is the one real thought I would like to leave with you. Any group such as yours, or the others with which I work, have tendencies to become absorbed in the machine processes of their own work, forgetting that the public, which is the foundation of their work, cares next to nothing about the machines and very much indeed about the products of those machines. Let us avoid that tendency. Yours is a noble calling. You have reached into the musty platitudes of the ages, and converted some of the wishes, the aspirations, the yearning after human improvement from there into practical day by day achievements. Matter of fact as these achievements appear, they have that quality of grandeur and nobility going with any accomplishment that lifts from the burden of mankind some of the misery, some of the suffering, some of the burning bitterness that afflicts our human brotherhood. This public health movement has its basis in ideals, in the conception of a better world for human life and of better men and better women to reside in that world. You public health nurses are putting boots on those ideals, giving them hands to use, eyes to see, and hearts to beat.

Don't forget that each of you is more than a nurse, that you are a carrier of a great message and just so far as each of you turns teacher will your program make headway.

THE PUBLIC AND THE NURSE*

By George Edgar Vincent

President, Rockefeller Foundation, New York City

Editor's Note: We regret that it is impossible to print in full Dr. Vincent's address, which was one of the high lights of the convention. Dr. Vincent has been kind enough to prepare for us a summarization of the chief topics of his talk.

IN introducing his address "The Public and the Nurse," Dr. George E. Vincent pictured briefly impressions of some of the great memorials to nursing and observations of nursing care in many countries of the world—the Florence Nightingale Hospital at Scutari seen from the deck of an approaching steamer, her statue in Waterloo Place, the tradition of her work at St. Thomas'; nurses in Tokio and in Peking, the mission hospitals of China; nursing in the Philippines, in Canada, England and Scotland, in the countries of the Continent and in the Near East.

The nurse is a recognized factor in all advanced societies, a part of the present social system. The nursing order extends throughout the world and nurses are bound together by comradeship and common loyalty in a great profession, which has been well established, has become recognized, but which still has some problems of understanding and adjustment to face.

Public opinion was discussed with attention to the elusiveness of the term "the public," which is made up of many groups, racial, geographical, occupational, economic, social, religious. Lord Bryce's definition for public opinion was adopted: "the unreflected response of the average individual when suddenly confronted with an idea or suggestion."

In a democracy the general public is suspicious of special groups of interests, as, for example, the moneyed interests, big business, the railways. There is also in the popular mind a feeling of suspicion about professional groups. Nurses have enjoyed on the whole a favorable position, although they have not wholly escaped criticism.

The expectations of an unreflecting public include for nurses: a large amount of professional knowledge of health and disease, a high degree of sympathetic and friendly regard, a willingness to render almost any kind of service for almost any length of time and for compensation less than that paid a grade teacher or a stenographer.

The public needs to realize the necessity of high standards and of registration in nursing, the importance of sound training, the essentially social character of the profession, the need of social support for nurses' training, the proper and economical organization and use of nursing service and an adequate compensation and protection of nurses. These are points to be brought to the attention of the public until they are incorporated in habits of speech, appraisal and action. The education of the public calls for facts about nursing, its costs, its results and its standards.

All the questions which the public asks concerning the nursing profession may be reduced to the one supreme question of motive. There is no one single motive. There may be the motives of technical skill, of professional or group pride, of comradeship, but none of these motives can suffice unless it is vivified by a genuine devotion to sick people and to social progress. "No function can be great unless its ends are seen in large and generous fashion with a dominating idealism which gives faith and courage."

* Presented at the evening General Session, June 20, 1924.

OBLIGATION OF THE BOARD TO EDUCATE THE COMMUNITY IN THE MATTER OF PUBLIC HEALTH NURSING*

By Mrs. William H. Lee

President Visiting Nurse Association, Minneapolis, Minn.; Member N.O.P.H.N. Board of Directors.

As this is the first time I have had the privilege of attending a Convention of the National Organization for Public Health Nursing, it seemed a cruel thing to take away all my pleasure by asking me to respond to this, or any other subject, before so distinguished a group, and I felt like writing Miss Peabody in the words of the old southern darkey, who, when asked if he could change $10, replied, "No, boss, I can't, but thanks for the compliment."

I am excluding for consideration in my short paper a discussion of the origin and growth of the Visiting Nurse Association and how much they are actually responsible for the development of the idea of public health education. I assume a very large credit is due to lay members who, in the beginning, saw the need of care of the sick poor, and raised the funds necessary to employ a professional nurse to visit and care for them in their homes. From so small a beginning, then, has developed not alone a nursing but an educational body of enormous size, and the value of our nurses as agents of education is greatly enhanced by the fact that in the relief of suffering they open up unlimited fields of influence. I am thinking, then, of our responsibilities and obligations as they exist to-day under the rapidly changing conditions in all our communities.

Obligations

They are, as I see them:

1. Financial.
2. Interest and Sanction.
3. Education of the Public.

These are so closely interrelated that it is difficult to say which comes first. But I have placed financial first, for the reason that I have been on the board of the Visiting Nurse Association of Minneapolis long enough to have given both separate financing and community chests a fair trial, and since 1918, when we started the latter method, I realize what a great opportunity for educating the public has been lost to us in the adoption of the more modern and economical way. It seems to me that losing the obligation for personally financing work means a great loss of enthusiasm for the cause, and also of personal responsibility for its growth.

When we raised our budget by Tag Day, as we did for ten years, think of the opportunities of getting our work, our aims, before the public when 2,000 women, backed by days of free newspaper publicity, would in one day raise $30,000—a very modest sum as compared with the $75,000 we require now. Alas, for the new way! Our time must be spent, our energies exhausted, educating the people to give all they can and more to sixty-two agencies, many of which they have no interest in, but which, it must be insisted, are all worthy causes alike with your own.

But this is not the place to discuss community chest versus individual money raising. I am not advocating a return to the old method—I think the money comes more easily by the new. I am only deploring the loss of the greatest opportunity we have for spreading the gospel of the public health nurse, which is one of both service and education.

If we are of those fortunate, or unfortunate, organizations which belong to a community chest, we must turn then to other methods than those that the urge of money-raising gives.

* Presented at the Meeting for Members of Boards of Directors, June 18, 1924.

Interest and Sanction

How can we interest our board members in order that they may properly discharge their obligations to the public? With the fine leadership most of us have in our superintendents, and with money coming comparatively easily, I think we are likely to find ourselves in one of two positions: either we feel critical of the new methods and changed conditions, or we consider that we are no longer really necessary to the organization. This shows we need a bit of education ourselves. Like charity, it should begin at home.

We all recognize the changes in the education of our nurses. Think what is being asked of a nurse to-day—especially as we more nearly attain our ideal of generalized nursing. Not only her hospital training with more and more general education as a foundation, but a public health course together with experience in pre-natal and infant welfare, in contagious diseases, child behavior, mental hygiene, and all the rest. This larger education of the nurse means a wider field of usefulness to the public, which is rapidly being trained to realize that, through the prevention of illness, health is coming within the reach of all.

All this has made such rapid strides in the last ten years—even five years—that it has been with considerable rattling of mental bones that we have adjusted ourselves to the new ideas. Health is entering into the fabric of all education, secular and religious, with the advent of such new activities as school nurses, infant welfare, tuberculosis work, Red Cross Seal sales, establishing of public health courses in universities, and clinics of many varieties, from Dr. Pepper's "Radio Toothbrush Club" to "Have a Physical Examination on Your Birthday," there would seem to be little for us as lay members of a board to do. We must first convince ourselves that these things are for the betterment of the community health and then give them our stamp of approval by working for them.

Keeping the Board Members Enthusiastic and in Touch

What, then, can we do to keep the board members in close touch with the work and create at the same time the enthusiasm so necessary for the growth of any good cause? When we in Minneapolis (and I shall have to use our own experience for analysis) grew large enough to maintain substations, a chairman for each was selected and the board divided into groups and assigned to each one. Here meetings are held monthly with the nurses to discuss cases, give advice, and approve expenditures. Visiting of patients—especially chronics—is urged, and many a director has become a staunch, friendly visitor of years' standing to more than one of our shut-ins.

Every member of the board serves in some *special* capacity, either as chairman or as member of our various standing committees. All these committees meet with our superintendent once a month, in addition to the regular executive and board meetings. Through her to us come all the latest theories of public health education and their application to the nurses and the community we serve. Our regular Executive Committee and Board meet also once a month.

Everyone is much more interested if made responsible for some particular part of the work. It is not difficult to create new committees. We recently made a new member of our board a chairman of automobiles in charge of our small flock of Fords—if one can be so bold as to call three a flock in the city of their nativity, where there are 8,000 born a day. The importance of the work accomplished by these three little Fords makes up for their lack in numbers. And I am sure if they could communicate their good deeds for a day to the thousands of their fellows it might have a wonderful influence in deterring them from leading so rapid a life.

We send some of our board members as representatives to other organizations—one of which is particularly valuable as a connecting link, as it is

composed of nine representatives of health groups, with eleven ex-office members, such as health officer, chairman of board of education, superintendent of the Minneapolis general hospital, etc., and five members at large. This is a coördinating board of health agencies and also serves as an aggressive program for further health activities not adequately covered. The organization, known as "The Hennepin County Public Health Association," is making a demonstration of generalized nursing in one of the wards of the city, of great interest. Professor C.-E. A. Winslow of Yale, who has made a recent survey of our health agencies, found the statistics most illuminating, and recommends that as rapidly as possible this type of nursing be extended until it covers all the city, and that the first step be the merging of the infant welfare with the visiting nurses.

So much for the interest and education of our board members. How, then, do we make our contacts with the public and do our bit in passing on to them the knowledge we gain from association with trained professionals?

Education of the Public

Our publicity committee sends out reports, distributes leaflets at state fairs and health shows, advertises our maternity service to the doctors, as well as our more than cost hourly service which has been recently launched. We feel in this new service we will have a fresh talking point. Hourly nursing must be a boon to thousands of families who cannot afford, or do not need, the full-time trained nurse. We have a large junior board of which we are very proud—thirty enthusiastic young women who are making fine contacts with the public, helping to make surveys, giving Christmas parties for the shut-ins, teaching them occupational therapy, and having sales of the useful and attractive things they are taught to make. A branch of the Junior League has recently been organized in Minneapolis, and a number of our junior board members are members of the League. Through this connection our superintendent has made the necessity of the care of the crippled child so appealing that the Junior League recently voted to support our first orthopedic nurse in this neglected field. We are so happy in enlisting the *young* women in our work, for it is to them we must look to take our places in the future.

We have several large groups of church societies and our leading woman's club, who make all our surgical dressings, layettes, nightgowns, and other things for the loan closet.

Our circle grows wider and wider with each year. New groups come in with each new activity that we add to our general program.

I feel, however, that those of us under community fund financing must make special efforts to bring to the attention of the *growing generation* the work of the public health nurse, and that we should plan some definite and aggressive campaign to carry on the obligation of the board members to the public.

I should like to see an effective speaking bureau formed from our junior and senior boards not only ready to present the various phases of the work when called upon, but who would urge clubs, young people's societies, and high school groups to invite us to give our talks. I also have in mind for our own organization some time during the year—preferably before the community fund drive—a "Visiting Nurse Week," when we could concentrate the public eye on our work by window displays, demonstrations in the stores, speeches before clubs, churches, movie theatres, and all the newspaper publicity possible. This, repeated every year, would do much to educate the public in using and supporting one of the greatest teachers of public health that exists in any community—"the public health nurse."

COMMUNICABLE DISEASE NURSING FROM THE POINT OF VIEW OF A VISITING NURSE ASSOCIATION*

By Kathryn Schulken

Superintendent, Visiting Nurse Association, Denver, Colorado

IN MY estimation it is a wise Visiting Nurse Association that develops a communicable disease program administered by a staff of generalized nurses. I base this rather broad statement on the development of the work in my own city, Denver, and I shall tell you something of the development.

Prior to July, 1921, we were doing a specialized service including Infant Welfare work, but with no provision for communicable diseases. We found constantly the first person called, even before the doctor, when a child was sick, was the nurse doing Infant Welfare work. Frequently she would see this child several times before a diagnosis was made, so we decided to start giving care to patients suffering with communicable diseases, this service to be administered by the nurse doing general bedside nursing. Each Infant Welfare nurse was required to transfer the sick babies to the general nurse. We found this a very confusing arrangement for everybody concerned. The mothers did not like it, the nurses did not like it, and the registration department simply rebelled, therefore we started discussing the advisability of a generalized program with a communicable disease service.

A Perfect Technique

We had gone very thoroughly into the necessity of a good technique with the general nurses caring for communicable diseases, but we realized we must make doubly sure of protecting our well baby group, consequently we teach and require each nurse to treat every undiagnosed case as a potential communicable disease, and after the diagnosis is made to continue the same technique. Very few of our staff had any special training or experience in communicable diseases, consequently we have had to give a great deal of time and thought to preparing them for this new work. We do feel that a nurse who is intelligent enough to do public health nursing in any of its phases is intelligent enough to live up to a perfect technique without ever being responsible, consciously or unconsciously, for cross infection.

In all of our new plans for a generalized service to include communicable diseases we had as counsellors our medical advisory board, which is comprised of five of our most outstanding physicians. The chairman is chief of our Infant Welfare department, and while all of the Infant Welfare physicians objected to our generalized program, they did not object to the special Infant Welfare nurses caring for the babies suffering with communicable diseases, nor did they object to the general nurses doing communicable disease work. Our whole medical group did feel that our exceptions should be that no nurse caring for a maternity case should be allowed to attend scarlet fever or erysipelas.

Generalized Program in Operation

This completed plan of a generalized nursing program including communicable disease service has been in operation since January, 1923. During November and December, 1922, when we were still in the throes of reorganization, we went through an epidemic of smallpox, and the nurse was required to give nursing care to some of the most virulent types and still carry the work in her district.

Dr. Humphreys, who was at that time employed by the Board of Health, and who is at present our assistant

* Presented at N.O.P.H.N. Meeting on Communicable Disease Nursing, June 18, 1924.

manager of health, has recently told us that she and her associates were so doubtful of our program that they watched our work in order to trace cross infection to our faulty technique. This of course they did not prove—which is shown by the fact that the Board of Health, in the spring of 1924, subsidized the Visiting Nurse Association to carry their communicable disease work, our work to replace the work of three nurses who had been doing the instructive work in homes where contagion had been reported to the Board of Health.

The Board of Health was quick to see that our nurses were often the first health agents on the field and could do more towards preventing the spread of disease than nurses employed by the Board of Health who would not have entrance into homes until the case was diagnosed and reported to them. Physicians who had given very little consideration to our work previously now greatly appreciate this new service, call us for their cases, and are strong supporters.

The nurses themselves at first felt that they could carry no other work with communicable diseases, but with demonstration of good technique, well applied, most of the staff were eventually convinced, especially as they had so often previously cared for undiagnosed communicable diseases for several days with no special protection to themselves or to their patients. Even before the nurses were convinced of the new program they never allowed their doubts to be carried over to families. We have never had but two families object, and these were soon converted by the nurses.

While we have a long way to go before we have completed an ideal nursing service for the city of Denver, we are confident we are on the right road, for we know with our generalized service to include communicable diseases we are doing far more for the health of the city than ever before.

Courtesy of Detroit News

Group of Nurses in Foreign Service present at the Convention

FUNDAMENTAL NURSING EDUCATION AND AFFILIATIONS WITH PUBLIC HEALTH NURSING ASSOCIATIONS*

From Point of View of a Director of a Public Health Nursing Association

By Alma C. Haupt

Superintendent, Minneapolis Visiting Nurse Association

NURSING education is to-day passing through a period of reconstruction—not so much reconstruction following the war as reconstruction following the Rockefeller report.

A new curriculum for student nurses is being developed—a curriculum of significance to all nurses, one whose satisfactory acceptance and application depends upon the interest of nurses in the Public Health group, as well as upon the interest of nurses more directly concerned with the education of undergraduate students.

The hospital nurse, dependent as she is often forced to be upon the economic value of the student in the institution, has little escape from her responsibility toward the younger nurse. In the public health field, on the other hand, a student is often looked upon merely as an accessory. So independent are Public Health Nursing Associations of the economic need for students, and so heavy do some of them find the burden of student supervision, that all too frequently they dismiss any consideration of student nurses from their programs. "Why bother with students?"

Such a tendency is deplorable because, for one thing, every student has the right to see every phase of nursing work. It is not fair to throw the entire burden of the education of student nurses onto the Directors of Schools of Nursing and the teachers thereof exclusively. All too frequently do we hear public health nurses setting themselves up as higher critics of what should have been taught in the Training Schools. We realize that we do not ourselves know how to handle the one problem of student affiliation in public health nursing. If our eloquence were so convincing that every training school wished to send all its students into the public health nursing field, we would frankly be swamped. However, both nursing educators in hospitals and those in public health nursing agencies have a common problem. Public health nurses should be encouraged to share in this responsibility and Boards of Directors of public health nursing organizations should be convinced of their obligation, as representative of the community, to assist in preparing our future nurses.

It therefore seems quite appropriate that we consider for a moment the question of fundamental nursing education and affiliations with public health nursing organizations from the standpoint of a director of a public health nursing organization. The object of this paper is to analyze the teaching material in the field of public health nursing, and to state some of the advantages and disadvantages of student affiliation.

Our problem is to work out periods of field work for undergraduate nurses which will fit not only into a three-year course, but into the twenty-eight-month schedule of preparation recommended by the Rockefeller report, and which will be *fundamental* in character as distinguished from being *specialized*. Our object in this paper is not to prepare student nurses for the public health field, but to bring to all students certain resources for fundamental nursing education not found in the hospital environment. With this in mind we glance into the field of public health nursing.

* Presented at Round Table—Affiliations with Public Health Nursing Associations for Schools of Nursing—June 18, 1924.

We are told by educators that the desirable ends in learning are:

1. Knowledge of facts.
2. Perfection of skills.
3. Creation of vision, tastes, ideals, resulting in appreciation.

The public health field provides very definite knowledge of certain facts fundamental in nursing education. It gives opportunity for the study of the pre-natal mother, the well baby, the pre-school child, the incipient and convalescent tuberculosis patient, and the mild stages of all other diseases. Few of these problems are actually found in the hospital. We must look for them in the homes to which public health associations give us access. Facts regarding the social and economic factors that accompany and influence medical conditions are also available in public health nursing agencies.

Development of Skills

The skills perfected in the public health field may be grouped around three major activities of the public health nurse. The student learns first to organize the home nursing visit. She learns relative values in care; discriminating, for example, between straightening up an untidy room first or relieving the misery of a bed-ridden mother by giving her her bath, and straightening up the offending room later. In nursing visits such other skills are developed as the adaptation of bedside nursing procedures of the hospital to various home conditions, maintaining the same quality of nursing care, the preparation of infant feedings with meager home equipment, the technique of home delivery, all of which is splendid preparation for the private duty as well as the public health nurse. There must be developed also the skill of working with every physician, knowing when to go ahead on the "Standing Orders" of the public health nursing organization, when and how to get in touch with physicians. Just as difficult is the skill required to work with a group of untrained individuals, including members of the patient's family, the friends, the practical nurse, or the midwife.

The second set of skills in public health nursing is grouped about clinic work. The nurse learns the management of infant welfare, pre-natal or tuberculosis clinics, how to correlate the work of doctors, nurses, volunteers, to the best advantage of the patient. Particularly when she does the home follow-up for patients she has seen in clinic does she become skillful in relating clinic and home, medical and social, community and individual problems.

The third grouping of skills centers about records. To a student, perhaps, records in a public health nursing agency present the greatest initial difficulty. Yet the nurse learns to collect facts, both social and medical, to set them down in intelligent form, and to study them in relation to the patient, organization, and community. Also, the contact the nurse has with the office of a public health nursing agency, even though it be merely in a substation office, may give her an idea of business and efficiency methods she has never observed before.

The subject of skills is treated inadequately if mention is not made of the skill in teaching which is developed in every one of the three groupings above. A nurse cannot make a good home nursing visit, she cannot effectively conduct a clinic, nor can she make and use comprehensively her records, without acquiring *some* ability to teach.

Appreciations

The public health field also abounds in opportunity for giving students appreciation, especially of the values and needs of human beings. The nurse sees for herself the effects of poverty, the home conditions of her patients, the financial limitations, that often hinder recovery and stand in the way of health. For the first time she sees sickness as a problem in the community. She has a new point of view toward the physician, his problem in home care as distinguished from his problem in hospital care. She thinks of the physician as a community worker rather than as

the idol of a given institution. She realizes the importance of other community organizations in health work as the school, social organization, church. And finally sees herself, a link in the chain, co-working with others and centering her job around the teaching of personal hygiene, as a result of which she becomes a better worker in whatever she undertakes, whether it be private duty, institutional, or public health nursing.

In thus analyzing, theoretically, what the public health field has to offer to fundamental nursing education, we ask immediately how these ends can be reached.

Methods of Student Affiliation

The familiar method of student affiliation in public health nursing organizations provides for a two- to four-month consecutive period in which the student is relieved from all hospital assignments. This is most satisfactory when the student is permitted to conform entirely to the hours and regulations of the public health nursing organization, and when the hospital makes no claim on her for Sunday duty or other responsibility.

In order that the nurse may profit by all the services in the public health field, the time for sending the student for this affiliation is after she has had her medical, surgical, pediatric, and obstetrical hospital services. This brings her to her senior year. In addition, the student should have had an introduction to Psychology and Sociology, together with some early background of study of the relation of home and hospital care.

The length of such service is another moot question. Two months is perhaps a minimum, and so long as we are not trying to produce public health nurses possibly all we can ask is the twenty-eight-month course, without crowding out other important work. In a three-year course four months of field work is more desirable.

I have discussed the two-month senior affiliation as *fundamental* because I believe it is essential in providing necessary information, skill, and appreciation. It is the type of affiliation most possible at the present time and one which, although established for years in the East, is slow of development in many Western cities. In Minneapolis, for example, only three out of twelve training schools take advantage of the opportunity offered to all alike for this service.

The Newer Method

A new method of affiliation, then, is being contemplated. A method whereby the student gets her field work in a given branch continuous to her study of that branch in the classroom and in the hospital ward.

For example, she may have hospital training in pediatrics, followed immediately by a short field experience for pediatric training alone, and then return to the hospital for other services. In this scheme we must keep in mind that the administrative problems of the public health nursing agency involve not only meeting the needs of the students, but also safeguarding the community from the inexperienced nurse. It hardly seems possible to provide in the field the complete supervision which is given in hospitals and without which there is some community risk. Another difficulty is the necessity of continuity of service to the patient by one nurse if standards of nursing and instruction to the patient are maintained. Increased turnover of nurses also results from this arrangement. The correlation of theory and practice is a problem, as is also the accommodation of various types of students in the field, such as senior nurses, students in public health courses, and new staff nurses. Finally, it is doubtful how much the nurse can learn under changing environmental factors in the home on a visit basis, if field work is given in broken doses.

Against these difficulties weigh the advantages of, first, the soundness of teaching where material as pre-natal, well child, early tuberculosis, and early communicable disease is available, and

the second advantage, that of teaching the preventive and social aspects of illness. Add to these the additional advantage which this second method offers, that of giving field work in small units continuous to the study of each branch of nursing as taught in the hospital. Before we can accept this second method we look to some ideal community to make a demonstration. This ideal community should have a training school with the twenty-eight months' curriculum, a public health nursing organization working hand in glove with that school, the hospital maintaining a dispensary staffed by public health nurses through which the student follows the hospital and clinic patient to the home. Then and then only will we know which method will succeed.

Of one thing I am very sure, we should encourage student affiliations in public health nursing because every student has the right to observe at least every branch of the nursing profession; because there are the fundamental educational aims of knowledge, skill, and appreciation to be reached through such an affiliation; and because, by this contact, there will be a strengthening in the whole nursing profession of the mutual techniques, standards, and ideals of all branches of nursing resulting in more complete service to our communities.

"POST IMPRESSIONS"

Contributed by an Onlooker

To a detached and cool-minded observer of the convention (except for that one memorably warm day) with no obligation to "conduct" round tables—whatever that means—or shepherd a group, unable to make up its individual minds as to the next best thing on the program, to a luncheon or "group meeting," a few overtones floated above the general mass harmony. Here are a few—to read or not to read:

The Super-nurse. We have a vague impression that Bernard Shaw is responsible for "super" in relation to man. The word as a prefix has been quite violently used since, but this was the first convention at which we can recall hearing it applied to nurses. We are getting on. However, the term was on the whole rejected as not meaning anything especially desirable just yet. Whether the "fully evolved," as scientists say, nurse of twenty-five years hence, when those now merely in training at Yale and other places will be in the full bloom of maturity, *will* be super-nurses we cannot of course predict. Stranger things have happened.

"The University School as a Power House—the new conception of material force," an expression used by one of our best-known leaders, seemed to us to go one better than the "engineering" comparison we are familiar with.

Discussions on the relative value of generalization and specialization brought forth the murmured comment from another eminent one, "we are getting not so much conclusions as confusions."

State and group "solidarity" seemed even more enthusiastically developed. Cheer leaders were much in evidence and songs—Here is Texas. We wish we knew and could print all the others.

Come down and breathe our Texas air
And feel like A Texas Millionaire;
And throw a steer, and bore for oil,
And help us brag about the soil.

Well, anyway, if you can't come down
Have a merry time in your *own* Home Town.

Making ourselves *felt* as "voters." And we can. Probably "boring for oil" above brought back to our errant mind this forcibly put suggestion.

Speaking of mind, "the international mind" flashed brilliantly on the horizon several times. Nurses *must* begin (those who haven't already) to cultivate it.

Several expressions of opinion bubbled up that we—collectively—have come to a point of efficiency in certain directions that should be more generally known and made use of by our friends the doctors and health officers. The Round Table on Communicable Disease for instance. The excellently put on playlet arranged in this could be staged to advantage in county medical meetings, and meetings of health officers.

Of course a special overtone was the careful planning for the comfort of the visitors by everyone concerned. "Follow the footsteps" was really all we had to do.

Tea—such a restful interlude—in the charming peaceful sunken garden of the Harper Hospital and Miss McLaughlin's delightful hospitality!